

Extended to November 16, 2020  
**Short Form**

2949214224315 1

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2019**

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

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Hear See Hope**

**D** Employer identification number: **20-1902057**

**E** Telephone number: **206-429-3884**

**F** Group Exemption Number: **03**

**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: ▶ **WWW.HEARSEEHOPE.COM**

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

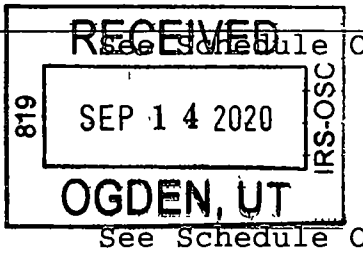
**K** Form of organization:  Corporation  Trust  Association  Other

**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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 11,716.**

**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

|            |   |  |         |          |
|------------|---|--|---------|----------|
| Expenses   | 1   | Contributions, gifts, grants, and similar amounts received   | 1       | 11,716.  |
|            | 2   | Program service revenue including government fees and contracts  | 2       |          |
|            | 3   | Membership dues and assessments  | 3       |          |
|            | 4   | Investment income  | 4       |          |
|            | 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)   | 8       |          |
|            | 9   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9       | 11,716.  |
| Net Assets | 10  | Grants and similar amounts paid (list in Schedule O)   | 10      | 12,000.  |
|            | 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      | 740.     |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14      |          |
|            | 15  | Printing, publications, postage, and shipping  | 15      | 504.     |
|            | 16  | Other expenses (describe in Schedule O)  | 16      | 18,144.  |
|            | 17  | <b>Total expenses.</b> Add lines 10 through 16   | 17      | 31,388.  |
|            | 18  | Excess or (deficit) for the year (subtract line 17 from line 9)  | 18      | -19,672. |
|            | 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      | 51,270.  |
| 20         | Other changes in net assets or fund balances (explain in Schedule O)    | 20   | 0.      |          |
| 21         | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21   | 31,598. |          |



LHA For Paperwork Reduction Act Notice, see the separate instructions Form **990-EZ** (2019)

**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  | 51,270.               | 22 | 32,497.         |
| 23 Land and buildings  |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets  | 51,270.               | 25 | 32,497.         |
| 26 Total liabilities (describe in Schedule O) See Schedule O                   | 0.                    | 26 | 899.            |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 51,270.               | 27 | 31,598.         |

**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, 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 See Schedule O   |     |  |         |
| (Grants \$ 12,000.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |  | 28,921. |
| 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  |  | 28,921. |

**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 |
|--|--|--|---|--|
| Todd McKittrick<br>President/Treasurer | 2.50   | 0.   | 0.  | 0.   |
| Lanya McKittrick<br>VP/Secretary       | 3.00   | 0.   | 0.  | 0.   |
| Josh Hunnex<br>Board Member            | 0.25   | 0.   | 0.  | 0.   |
| Jennifer Manchester<br>Board Member    | 0.25   | 0.   | 0.  | 0.   |
| Nancy Rogers<br>Board Member           | 0.25   | 0.   | 0.  | 0.   |
| Kathleen Shoemaker<br>Board Member     | 0.50   | 0.   | 0.  | 0.   |
| Larry Shoemaker<br>Board Member        | 0.50   | 0.   | 0.  | 0.   |
| Stuart Steadman<br>Board Member        | 0.25   | 0.   | 0.  | 0.   |
| Karmen Trzupek<br>Board Member         | 0.25   | 0.   | 0.  | 0.   |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

AO

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 [X]

Table with columns for question number, description, and Yes/No response. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed WA
42a The organization's books are in care of Lane McKittrick Telephone no 206-429-3884
Located at 17837 1st Ave S, PMB 2, Normandy Park, WA ZIP + 4 98148

Table with columns for question number, description, and Yes/No response. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, description, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | 46                       | X                                   |

**Part VII 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

|  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
|  | <b>Yes</b>                          | <b>No</b>                           |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization?   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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 | (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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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

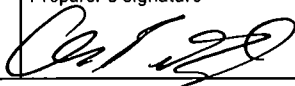
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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**

Signature of officer:  Date: \_\_\_\_\_

Todd McKittrick, President/Treasurer  
Type or print name and title

|                               |                            |   |           |   |                        |
|-------------------------------|----------------------------|---|-----------|---|------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature  | Date      | Check <input type="checkbox"/> if self-employed | PTIN                   |
|                               | Aron Segal                 |  | 8/20/2020 |   | P01326937              |
|                               | Firm's name ▶ 501cPAs LLC  | Firm's address ▶ 1713 157th Ave NE<br>Bellevue, WA 98008                            |           | Firm's EIN ▶ 45-1083221                         | Phone no. 425-208-9245 |

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



**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 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 <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| 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 <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| 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 VI)   |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)   |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support/Percentage**

|  |    |   |
|--|----|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  | 14 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14  | 15 | % |
| 16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |    |   |
| b <b>33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |    |   |
| 17a <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |   |
| b <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> 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 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 170,225. | 138,362. | 93,469.  | 119,692. | 11,716.  | 533,464.  |
| 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   | 38,672.  | 30,048.  | 8,383.   | 0.       | 0.       | 77,103.   |
| 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   | 208,897. | 168,410. | 101,852. | 119,692. | 11,716.  | 610,567.  |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  | 20,470.  | 31,714.  | 13,835.  | 27,500.  |          | 93,519.   |
| 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           | 7,400.   | 3,100.   | 1,845.   | 35,600.  |          | 47,945.   |
| c Add lines 7a and 7b  | 27,870.  | 34,814.  | 15,680.  | 63,100.  |          | 141,464.  |
| 8 Public support. (Subtract line 7c from line 6)   |          |          |          |          |          | 469,103.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   | 208,897. | 168,410. | 101,852. | 119,692. | 11,716.  | 610,567.  |
| 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 VI)                                   |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11, and 12)   | 208,897. | 168,410. | 101,852. | 119,692. | 11,716.  | 610,567.  |

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 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 76.83 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15                       | 16 | 78.54 % |

**Section D. Computation of Investment Income Percentage**

|   |    |       |
|---|----|-------|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | .00 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17                         | 18 | %     |

19a **33 1/3% support tests - 2019.** 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 - 2018.** 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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

|     | Yes | No |
|-----|-----|----|
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3  | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) |                |                             |
| a                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                             |
| 3                                | Subtract line 2 from line 1d.  | 3              |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                             |
| 6                                | Multiply line 5 by .035  | 6              |                             |
| 7                                | Recoveries of prior-year distributions   | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |

| Section C - Distributable Amount |  | (A) Prior Year | Current Year |
|----------------------------------|--|----------------|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |              |
| 2                                | Enter 85% of line 1  | 2              |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |              |
| 4                                | Enter greater of line 2 or line 3  | 4              |              |
| 5                                | Income tax imposed in prior year   | 5              |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions) |                |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6   |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6   |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019  |                             |  |   |
| a From 2014  |                             |  |   |
| b From 2015  |                             |  |   |
| c From 2016  |                             |  |   |
| d From 2017  |                             |  |   |
| e From 2018  |                             |  |   |
| f <b>Total</b> of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years   |                             |  |   |
| h Applied to 2019 distributable amount   |                             |  |   |
| i Carryover from 2014 not applied (see instructions)   |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f  |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7 \$   |                             |  |   |
| a Applied to underdistributions of prior years   |                             |  |   |
| b Applied to 2019 distributable amount   |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions |                             |  |   |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions                         |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7  |                             |  |   |
| a Excess from 2015   |                             |  |   |
| b Excess from 2016   |                             |  |   |
| c Excess from 2017   |                             |  |   |
| d Excess from 2018   |                             |  |   |
| e Excess from 2019   |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Hear See Hope

Employer identification number

20-1902057

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:

Activity Classification: Voluntary Grant

Grantee Name: Ava's Voice

Grantee Address: PO Box 348 Lakehurst, NJ 08733

Grantee Relationship: Supported Organization

Property Description: Cash Grant

Amount Given: 12,000.

Total included on Form 990-EZ, line 10 12,000.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses: Amount:

Bank Charges 10.

Conferences and Awareness Events 9,770.

Insurance 901.

Meeting Expenses 150.

Miscellaneous Fundraising Expenses 816.

Office Equipment 5,000.

Office Supplies 29.

Website 1,468.

Total to Form 990-EZ, line 16 18,144.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description Beg. of Year End of Year

Accounts Payable 0. 899.

Name of the organization

Hear See Hope

Employer identification number

20-1902057

Form 990-EZ, Part III, Primary Exempt Purpose - The primary purpose of Hear See Hope is to create, communicate and gain knowledge of Usher syndrome, which is currently incurable. Our funds are directly focused on Usher syndrome research, so we can target the needs of researchers and scientists.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Communications and Research Support: Through conferences, its website, Facebook, Twitter, and a monthly e-newsletter sent to 800 addresses, Hear See Hope provides others knowledge about Usher syndrome. Through grants and contact with the Usher Syndrome Coalition, Hear See Hope assists in finding a cure for Usher syndrome and all eye degenerative diseases.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.