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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Inspection

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number DEAF EMPOWERMENT AWARENESS FOUNDATION Address change INC DBA DEAF, INC. Name change 26-2617721 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 314-714-6400 25 E FRISCO AVENUE termin-ated 1,540,622. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SAINT LOUIS, MO 63119 H(a) Is this a group return Applica-F Name and address of principal officer: SARAH PRECHTEL Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.DEAFINC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER, RAISE AWARENESS, AND Activities & Governance BRIDGE A SUSTAINABLE FOUNDATION OF COMMUNICATION AND EQUAL ACCESS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 826,021. 799,137. Contributions and grants (Part VIII, line 1h) Revenue 732,171. 526,215. Program service revenue (Part VIII, line 2g) <u>596.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 826. 10 1.512. 2.303. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,354,574. 1,534,207. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 457,033. 544,432. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)

19,917. 616,284. 731,462. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,073,317. 1,275,894. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 281,257. 258,313. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,401,979. 1,134,862. 20 Total assets (Part X, line 16) 136,276. 145,079. 21 Total liabilities (Part X, line 26) 998,586. 256,900. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SARAH PRECHTEL, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed JENNIFER HEIM JENNIFER HEIM 03/31/22 P01864381 Paid Firm's name Fick, Eggemeyer & Williamson, Firm's EIN \searrow 37-1231621 Preparer Firm's address 6240 S. Lindbergh, Ste 101 Use Only Phone no. 314 - 845 - 7999 St. Louis, MO 63123 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check it Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO EMPOWER, RAISE AWARENESS, AND BRIDGE A SUSTAINABLE FOUNDATION OF
	COMMUNICATION AND EQUAL ACCESS FOR THE DEAF, HARD OF HEARING,
	DEAFBLIND, AND THE HEARING COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	DEAF, INC. PROVIDES SIGN LANGUAGE INTERPRETING SERVICES TO BRIDGE THE
	COMMUNICATION GAP BETWEEN THE DEAF/HARD OF HEARING COMMUNITIES TO
	ENSURE EQUAL ACCESS TO ALL. IN 2021, THE ORGANIZATION PROVIDED 9,514.5 HOURS OF COMMUNICATION ACCESS SERVICES. DEAF, INC. ALSO HELD NUMEROUS
	EDUCATIONAL WORKSHOPS TO IMPROVE THE SKILLS OF LOCAL SIGN LANGUAGE
	INTERPRETERS.
4b	(Code:) (Expenses \$ 302,689 • including grants of \$) (Revenue \$ 9,960 •)
40	(Code:) (Expenses \$ 502,689. including grants of \$) (Revenue \$ 9,960.) DEAF, INC. PROVIDES ONE-ON-ONE SUPPORT AND COACHING TO DEAF AND HARD OF
	HEARING COMMUNITY MEMBERS. THROUGH THIS SUPPORT, INDIVIDUALS ARE
	EMPOWERED TO TAKE POSITIVE ACTION IN THEIR LIVES AND UNDERSTAND THEIR
	COMMUNICATION ACCESS RIGHTS. IN 2021, THE ORGANIZATION PROVIDED DIRECT
	SUPPORT IN 279 NEW CASES INVOLVING DEAF/HARD OF HEARING INDIVIDUALS.
	THE ORGANIZATION ALSO PRODUCES PUBLIC SERVICE ANNOUNCEMENTS AND RAISES
	AWARENESS THROUGH USE OF MEDIA AND VISUAL ARTS. IN 2021, THERE WERE 328 INDIVIDUALS WHO ATTENDED 25 SIGN LANGUAGE CLASSES.
	INDIVIDUADD WHO ATTENDED 25 DIGN DANGONGE CDADDED.
4c	(Code:) (Expenses \$ 41,714. including grants of \$) (Revenue \$)
	DEAF, INC.'S BREAST CANCER SUPPORT GROUP, PINK WINGS OF HOPE, PROVIDES SUPPORT FOR DEAF AND HARD OF HEARING BREAST CANCER SURVIVORS AND THOSE
	IN ONGOING TREATMENTS AS WELL AS SUPPORT FOR OTHER TYPES OF CANCER. THE
	GROUP CREATES A SAFE AND ENCOURAGING ENVIRONMENT WHERE INDIVIDUALS
	RECEIVED EMOTIONAL SUPPORT, ENCOURAGEMENT, EDUCATION, AND ARE ABLE TO
	CONNECT WITH OTHERS WHO UNDERSTAND THEIR STRUGGLES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,064,613.
	Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		^ <u> </u>
19		19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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DEAF EMPOWERMENT AWARENESS FOUNDATION INC DBA DEAF, INC.

 $\begin{array}{c|cccc} Form \ 990 \ (2021) & INC \ DBA \ DEAF \ , & INC \ . \\ \hline \textbf{Part IV} \ \textbf{Checklist of Required Schedules} \ (\textit{continued}) \end{array}$

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ _{3,7}
	Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			 ₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive more than \$25,000 if more cash contributions? If res, complete deficable in	23		
	contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			 ₩
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Parl	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 64			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the examination comply with health withhelding when for reportable normants to vendous and reportable gaming			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	

Part V

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.2							
	filed for the calendar year ending with or within the year covered by this return	2a	13	2b	Х					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
				3a 3b		X				
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
h	If "Yes," enter the name of the foreign country	accour	ıų?	4a		X				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ an \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ contribution \ and \ partly \ for \ goods \ and \ set \ contribution \ and \ partly \ for \ goods \ and \ set \ contribution \ and \ partly \ for \ goods \ and \ set \ for \ goods \ goods \ for \ goods \ $	vices pr	rovided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f						
f	3 , 3 , 1 , 1 ,									
g										
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8						
9				0						
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıt incon	ne?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2021)

26-2617721

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
1 a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
ь		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
8		0-	Х	
a	The governing body?	8a	21	Х
	Each committee with authority to act on behalf of the governing body?	8b		-25
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		25
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal nevertile code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 IG		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
	The organization's CEO, Executive Director, or top management official	15a	21	Х
D	Other officers or key employees of the organization	15b		21
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	เดม		
	List the states with which a copy of this Form 990 is required to be filed None			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only) avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, availe	ADIC
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
13	statements available to the public during the tax year.	u iiildl	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MICHELE STEELE - 314-714-6400			
	25 E FRISCO AVENUE, SAINT LOUIS, MO 63119			

INC DBA DEAF, INC.

26-2617721

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Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more				than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	_				J., u.o	100,	from the	from related	other
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or (stee			ısateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ımbei		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/idual	nstitutional trustee	er	Key employee	Highest compensated employee	Jer .	·		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) SARAH PRECHTEL	45.00								_	_
EXECUTIVE DIRECTOR				X				94,175.	0.	0.
(2) EMILY BORGEL	2.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) FORREST BOOTH	1.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) DAVID WASSERMAN	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) ERIC DRISKILL	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(6) ANTE COLIC	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(7) WILLIAM SHELDON	1.00								_	_
MEMBER		Х						0.	0.	0.
(8) SHERYL KALMAN	1.00								_	_
MEMBER		Х						0.	0.	0.
(9) SARAH MEIERS	1.00								_	_
MEMBER		Х						0.	0.	0.
(10) AMY REUSCH	1.00									
SECRETARY THRU SEPT. 21		Х		Х				0.	0.	0.
(11) JESSICA WHITEHEAD	1.00									
MEMBER THRU AUG. 21		Х		Х				0.	0.	0.
(12) DANIEL SCHREINER	1.00									
PRESIDENT THRU DEC. 21		Х		X				0.	0.	0.
(13) ANAND RAJ	1.00									
VICE PRESIDENT THRU DEC. 21		Х		Х				0.	0.	0.
					<u> </u>					
						_				
		1			l	l		1		

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploye	es,	and	iH t	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do n box, u office	Foot ch unlesser and	CPosifineck in the control of the co	tion more rson i	than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-NIC)	3	oth	nated unt of ner nsation the ization elated
1b Subtotal c Total from continuation sheets to Par d Total (add lines 1b and 1c) 2 Total number of individuals (including but	t VII, Section A						<u> </u>	94,175. 0. 94,175. eceived more than \$100	0,000 of reportabl	0. 0. 0.		0.
 compensation from the organization Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive rendered to the organization? If "Yes," or Section B. Independent Contractors 	eer, director, trust or such individual e sum of reportab i150,000? If "Yes, or accrue compe	ole cor " <i>con</i> nsatic	mpe nple on fr	ensa ete S	ition Sche any	 and edule unr	d otle J t	her compensation from for such individual	the organization		3 4 5	X X
Complete this table for your five highest the organization. Report compensation (A) Name and busine	for the calendar y	-	ndin	ng w					year.		ation fror (C) ompensa	
Total number of independent contractor \$100,000 of compensation from the org		not lim	nited	d to	tho:	se lis	stec	I above) who received n	nore than		- 00	

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Form 990 (2021) INC DBA
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		·	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Ę,º		Fundraising events 1c	5,044.				
ar /		Related organizations 1d	· · · · · · · · · · · · · · · · · · ·				
S,G		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
her	·	similar amounts not included above	794,093.				
불턴	a	Noncash contributions included in lines 1a-1f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
and	_	Total. Add lines 1a-1f		799,137.			
"		Total Add lines 1a 11	Business Code	,			
a l	2 a	COMMUNICATION ACCESS	541900	722,161.	722,161.		
, vic	2 a b	CTON OF ACCED THEORY	611710	6,435.			
Program Service Revenue	0	AWARENESS ACTIVITIES	611710	3,575.	3,575.		
E S	d		011710	373731	373731		
Re	u						
Pro	e	All able or are average consider resources					
	'	All other program service revenue		732,171.			
\dashv	<u> </u>	Total. Add lines 2a-2f		752,171.			
	3	Investment income (including dividends, inter		646.			646.
		other similar amounts)		0 - 0 -			0 - 0 -
	4	Income from investment of tax-exempt bond					
	5	Royalties(i) Real	(ii) Personal				
	٥.	0	(ii) i eisonai	-			
	6 a			-			
	р	Less: rental expenses 6b		-			
	С.	Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Othor				
	/ a		(ii) Other				
		assets other than inventory 7a					
a	b	Less: cost or other basis	50.				
ř		and sales expenses 7b	-50.				
ther Revenue		Gain or (loss) 7c		-50.	-50.		
<u>ج</u> ا		Net gain or (loss)	<u> </u>	-50.	-50.		
ţ	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	7 560				
		Part IV, line 18					
		Less: direct expenses 8b	· · · · · · · · · · · · · · · · · · ·	1 204			1 204
		Net income or (loss) from fundraising events	_	1,204.			1,204.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a	1				
		Less: cost of goods sold 10t					
\rightarrow	С	Net income or (loss) from sales of inventory					
ဋ		MI GODI I ANDOMO	Business Code	1 000			1 000
ne e	11 a	MISCELLANEOUS	900099	1,099.			1,099.
lan	b						
Miscellaneous Revenue	С						
Ĕ		All other revenue		1 000			
\Box		Total. Add lines 11a-11d	-	1,099.	720 101		0.040
	12	Total revenue. See instructions		1,534,207.	732,121.	0.	2,949.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ол, р опосс	general expenses	ол ,р оттосс
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	94,175.	37,670.	48,971.	7,534.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	387,983.	328,526.	54,334.	5,123.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	05 252	10 601		400
9	Other employee benefits	25,378.	19,681.	5,289.	408.
10	Payroll taxes	36,896.	27,815.	8,141.	940.
11	Fees for services (nonemployees):				
	Management	F 725	005	4 020	
	Legal	5,735.	905.	4,830.	
	Accounting	14,513.	2,291.	12,222.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	9,031.	8,493.	538.	
40	column (A), amount, list line 11g expenses on Sch 0.)	3,020.	2,056.	964.	
12	Advertising and promotion	17,840.	9,574.	8,266.	
13	Office expenses	24,749.	15,854.	8,895.	
14	Information technology	24,740.	13,034.	0,055.	
15 16	Royalties	135,121.	104,599.	24,695.	5,827.
17	Occupancy Travel	3,247.	1,632.	1,615.	370271
18	Payments of travel or entertainment expenses	3,22,0	2,0020		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,960.		9,960.	
23	Insurance	6,120.	5,332.	703.	85.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	INTERPRETING SERVICE FE	472,213.	470,455.	1,758.	
b	BAD DEBT	16,000.	16,000.		
С	COMMUNITY RELATIONS	12,461.	12,461.		
d	MEDIA AND FILM	740.	734.	6.	
е	All other expenses	712.	535.	177.	
25	Total functional expenses. Add lines 1 through 24e	1,275,894.	1,064,613.	191,364.	19,917.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0004)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,354.	1	6,545.
	2	Savings and temporary cash investments			887,071.	2	1,087,750.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		96,369.	4	126,754.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ-	ed in sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			10,523.	9	16,023.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	156,131.			
	b	Less: accumulated depreciation	10b	89,833.	33,527.	10c	66,298.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		818.	14	409.	
	15	Other assets. See Part IV, line 11			98,200.	15	98,200.
	16	Total assets. Add lines 1 through 15 (must eq			1,134,862.	16	1,401,979.
	17	Accounts payable and accrued expenses		59,776.	17	67,204.	
	18	Grants payable		18	1 200		
	19	Deferred revenue				19	1,375.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			76,500.	05	76,500.
	00	of Schedule D			136,276.	25 26	145,079.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			130,270.	26	143,073.
es		and complete lines 27, 28, 32, and 33.	ieck ner	e 🖊 🔼			
anc	27				889,438.	27	1,189,966.
3ali	28	Net assets without donor restrictions			109,148.	28	66,934.
l pu	20	Organizations that do not follow FASB ASC			103/1101	20	00/3310
Ξ		and complete lines 29 through 33.	900, CIII	eck liefe			
٥	29	Capital stock or trust principal, or current fund	c			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			998,586.	32	1,256,900.
2	33	Total liabilities and net assets/fund balances			1,134,862.	33	1,401,979.
	- 00	Total habilities and het assets/fully baidfices			_,,	33	

Form **990** (2021)

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Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,53</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,27			
3	Revenue less expenses. Subtract line 2 from line 1	3			8,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		99	8,5	86.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				1.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	, 25	6,9	00.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	> ,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,				
review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

DEAF EMPOWERMENT AWARENESS FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC DBA DEAF, INC. 26-2617721 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

INC DBA DEAF, INC.

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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.)

Sec	ction A. Public Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶□
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s

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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.)

(Complete only if you officially			organization ranca	to quality arraor i	art II. II the organiz	ation falls to
qualify under the tests listed b	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(,	(0) 20 10	(0) = 0 : 0	(4) 2020	(0, 202)	(1)
membership fees received. (Do not						
include any "unusual grants.")	668,314.	730,974.	707,945.	826,021.	799,137.	3,732,391.
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the	020 202	011 740	752 206	F06 01F	720 171	
organization's tax-exempt purpose	939,292.	811,/42.	753,386.	526,215.	732,171.	3,762,806.
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	10,556.	20,343.	17,308.	1,521.	2,253.	51,981.
4 Tax revenues levied for the organ-	10,550.	20,343.	17,300.	1,521.	2,255.	31,301.
ization'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	1,618,162.	1,563,059.	1,478,639.	1,353,757.	1,533,561.	7,547,178.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	501,640.	400,000.	613,222.	533,500.	563,200.	2,611,562.
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		362,813.				1,596,487.
c Add lines 7a and 7b	784,749.	762,813.	904,788.	853,598.	902,101.	4,208,049.
8 Public support. (Subtract line 7c from line 6.)						3,339,129.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017 1,618,162.	(b) 2018 1,563,059.	(c) 2019 1,478,639.	(d) 2020 1,353,757.	(e) 2021 1,533,561.	(f) Total 7,547,178.
9 Amounts from line 6	1,010,102.	1,303,039.	1,470,039.	1,333,737.	1,333,301.	7,347,170.
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources	1,156.	2,137.	1,868.	826.	646.	6,633.
b Unrelated business taxable income	_,				0 2 0 1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	1,156.	2,137.	1,868.	826.	646.	6,633.
11 Net income from unrelated business						
activities not included on 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.)	1,619,318.	1,565,196.	1,480,507.	1,354,583.	1,534,207.	7,553,811.
14 First 5 years. If the Form 990 is for the	ie organization's fii	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
check this box and stop here	is Compart Da					> L
Section C. Computation of Publ			. (0)		45	44.20 %
15 Public support percentage for 2021 (I		•	.,,		15	16 50
16 Public support percentage from 2020 Section D. Computation of Investigation					16	46.59 %
17 Investment income percentage for 20			ne 13 column (fl)		17	.09 %
18 Investment income percentage from 2					18	.09 %
19a 33 1/3% support tests - 2021. If the					_	
more than 33 1/3%, check this box a						▶ ▼
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization		-	· ·		-	
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	74		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
dule	A (Forr	n 990	2021

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Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the powering body of a supported organization? A 38th controlled entity of a person described on line 11a above? A 38th controlled entity of a person described on line 11a above? A 38th controlled entity of a person described on line 11a above? A 38th controlled entity of a person described on line 11a or 11b above?// "Yes" to line 11a, 11b, or 11c, provide details in Part VI integrated at all lines or the governing body, entitled to the governing body and the governing body, entitled to the governing body and the governing body, entitled to the governing body of the governing body, entitled to the governing body of the governing body and the governing body of the governing body and the		t IV Supporting Organizations (continued)	1,,2	<u> </u>	ige J
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 on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? 1 A 35% controlled entity of a person described on line 11a above? 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is officers, directors, or trustees at all times during the tax year? If 'No, 'decamber in Part VI how the supported organizations of ficers, directors, or trustees are all times during the tax year? 2 Did the organization operate for the benefit of any supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization? If 'Nos,' explain in Part VI how providing such benefit carries out the purposes of the supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 3 Did the organization operate for the benefit of any supported organization of the tax year also a majority of the directors or trustees or any supported organization of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the care of the supported organization of the supported organization of the care of the organization of the care of the supported organization of the	· u	tri Supporting Organizations (continuea)		Voc	No
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c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the supported organization's deficiency operated, supervised, or controlled the organization and what conditions or restrictions, if any, applied to such powers deficiently operated, supervised, or controlled the supporting organization of the nature organization operated for the benefit carried out the purposes of the supported organization operated supported organizations and what conditions or restrictions, if any, applied to such powers during the fax year. 1 Part VI his overvicing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 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 directors or rustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organizations and the supporting organization's directors or trustees and a majority of the directors or trustees of the supported organizations or the supported organization's provided to sech of its supported organizations or supported organizations organizations organizations organizations organizations organizations organizations organizations orga	h				
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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. 2a b Did the activities described on line 2a, above, 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.			structio		
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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. 2a b Did the activities described on line 2a, above, 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. 2b	а				
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 on line 2a, above, 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.					
that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, 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. 2a 2b					
b Did the activities described on line 2a, above, 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.					
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.	J-	·	Za		
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.	D				
these activities but for the organization's involvement.					
			OF		
	2	•	<u> 20</u>		
•	3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the expanization have the power to regularly expanit or elect a majority of the officers, directors, or			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а		20		
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		Jd		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	D		3h		

Schedule A (Form 990) 2021

INC DBA DEAF, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

INC DBA DEAF, INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

26-2617721 Page 8 INC DBA DEAF, Schedule A (Form 990) 2021 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

DEAF EMPOWERMENT AWARENESS FOUNDATION Name of the organization

INC DBA DEAF, INC. Employer identification number 26-2617721

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	e 6.	'
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Dor	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or	Other Similar Assets
Pai			Other Sillinal Assets.
4-	Complete if the organization answered "Yes" on Form		k and balance already walls
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtnerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		cial gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		2

INC DBA DEAF, INC. Schedule D (Form 990) 2021

26-2617721 Page **2**

Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	r Similar A	ssets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d	· 🖳	Loan or excl	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further tl	ne organizati	on's exen	npt purpose ir	n Part X	III.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	<u></u> No_
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	'Yes" on	Form 990, Pa	rt IV, line	e 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?							LLI \	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								A	mount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance							т.		
	Did the organization include an amount on Fo						•	•	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i									
ı a	Endowment I dilus. Complete I	(a) Current year		Prior year			d) Three years	hack 1	∍) F∩ur v	ears back
10	Posinning of year balance	(a) carrent year	(5)	nor your	(0) 1110 your	o buon (a, moo youro	Suon (5, 1 our 3	- Duon
	Beginning of year balance							-+		
	Contributions							_		
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	ce (line 1	a. column (a	ı)) held as:	<u> </u>				
a	Board designated or quasi-endowment	•	%	9, 00	,,,					
	Permanent endowment ▶	%								
		<u></u> . %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	red for th	e organizatio	า		
	by:	· ·					· ·		Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
_4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.				_		
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990), Part X,	ine 10.			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	1		cumulated reciation	(d	l) Book	value
1a	Land									
	Buildings								•	
С	Leasehold improvements									
d	Equipment			15	6,131.		89,833	<u> </u>	66	,298.
	Other									
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0c.)		>		66	<u>,298.</u>

Schedule D (Form 990) 2021

INC DBA DEAF, INC.

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990, Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-d	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
` '	escription		(b) Book value
(1) ARTWORK			21,700
(2) RIGHT OF USE ASSET			76,500
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		98,200
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUTURE MINIMUM LEASE OBLIC	SATION		76,500
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	b	76,500
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under			

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Pa	rt XI Reconciliation of Revenue per Audited Financi	al Statements With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	1,534,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,534,207.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			1,534,207.
Pa	art XII Reconciliation of Expenses per Audited Financ	-	ses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Pa			4 005 004
1	Total expenses and losses per audited financial statements		1	1,275,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а				
b	• • • • • • • • • • • • • • • • • • • •			
С				
d		<u> </u>		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,275,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а				
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I	l. line 18.)	5	1,275,894.

Part XIII Supplemental Information.

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

Part X, Line 2:

ON JANUARY 1, 2014, THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS ACCOUNTING STANDARD REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF THE STANDARD HAD NO IMPACT ON THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX RETURNS FILED FOR 2018 AND PRIOR ARE CLOSED.

Schedule D) (Form 990) 2021	INC	DBA	DEAF,	INC.		26-2617721	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	rmation	(contin	ued)				

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DEAF EMPOWERMENT AWARENESS FOUNDATION INC DBA DEAF, INC.

Employer identification number 26-2617721

Form 990, Part I, Line 1, Description of Organization Mission: FOR THE DEAF, HARD OF HEARING, DEAFBLIND, AND THE HEARING COMMUNITIES. Form 990, Part VI, Section A, line 8b: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY Form 990, Part VI, Section B, line 11b: A DRAFT COPY OF FORM 990 IS E-MAILED TO THE BOARD OF DIRECTORS WITH A REASONABLE AMOUNT OF TIME TO REVIEW AND PROVIDE QUESTIONS OR COMMENTS TO THE TAX RETURN PREPARER BEFORE THE RETURN IS TIMELY FILED. Form 990, Part VI, Section B, Line 15a: THE BOARD OF DIRECTORS DELIBERATE AND APPROVE THE SALARY OF THE EXECUTIVE DIRECTOR IN A CLOSED SESSION WITH CONSIDERATION OF SALARIES FOR SIMILAR POSITIONS IN THE AREA. THERE WERE NO ADDITIONAL PAID OFFICERS OR KEY **EMPLOYEES** Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990, Part XI, line 9, Changes in Net Assets: 1. ROUNDING Form 990, Part XII, Line 2c:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE AUDIT OF ITS