



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION**
Number and street (or P O box, if mail is not delivered to street address): **11730 PLAZA AMERICA DRIVE**
Room/suite: **300**
City or town, state or country, and ZIP + 4: **RESTON VA 20190-4798**

D Employer identification number: **62-1356696**

E Telephone number: **(703) 790-8466**

F Group Exemption Number: **▶**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual. Other (specify) **▶**

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

I Website: **WWW.AUDIOLOGYFOUNDATION.ORG**

J Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 322,172.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	276,995.
	2	Program service revenue including government fees and contracts	2	0.
	3	Membership dues and assessments	3	0.
	4	Investment income	4	26,661.
	5a	Gross amount from sale of assets other than inventory	5a	0.
	5b	Less: cost or other basis and sales expenses	5b	0.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	0.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 19,595. of contributions reported on line 1)	6a	18,516.
	6b	Less: direct expenses other than fundraising expenses	6b	31,744.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-13,228.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	290,428.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	140,437.
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	0.
	13	Professional fees and other payments to independent contractors	13	5,737.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	12,284.
	16	Other expenses (describe ▶ See Other Expenses Statement)	16	68,800.
	17	Total expenses (add lines 10 through 16)	17	227,258.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	63,170.	
NET ASSETS OR FUND BALANCES	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	515,139.
	20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt.	20	-57,811.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	520,498.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	431,692.	416,535.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	110,000.	136,000.
25 Total assets	541,692.	552,535.
26 Total liabilities (describe ▶ See L-26 Stmt)	26,553.	32,037.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	515,139.	520,498.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0812 01/14/09

99410

14

SCANNED JUL 21 2010

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE ATTACHMENT STATEMENT A**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28	SEE ATTACHED STATEMENT B		
	(Grants \$ 140,437.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	183,902.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	183,902.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>CHERYL KREIDER CAREY</u> <u>11430 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	EXECUTIVE DIRECTOR 2.00	0.	0.	0.
<u>BRAD STACH</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	BOARD CHAIR 2.00	0.	0.	0.
<u>THOMAS POWERS</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	TREASURER 1.00	0.	0.	0.
<u>DIANNE MEYER</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 2.00	0.	0.	0.
<u>A.U. BANKAITIS</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>JUDITH BLUMSACK</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>SHARON FUJIKAWA BROOKS</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>RICHARD DANIELSON</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>RIEKO DARLING</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>PAMELA KEENAN</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
<u>MICHAEL SANTUCCI</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON VA 20190</u>	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶		

42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (703) 790-8466
 Located at ▶ 11730 PLAZA AMERICA DRIVE RESTON VA ZIP + 4 ▶ 20190

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

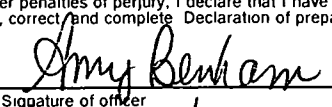
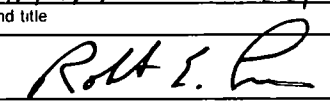
	Yes	No
46		X
47		X
48		X
49a	X	
49b		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Sign Here	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 <u>5/17/10</u>	
Paid Preparer's Use Only	 Preparer's signature		Date <u>5/17/10</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Lane & Company, CPAs</u> <u>1920 N Street NW, Suite 320</u> <u>Washington DC 20036</u>		Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/>	
	Preparer's Identifying Number (See instructions) <u>(202) 463-6500</u>		EIN <u> </u>	
	Phone no <u>(202) 463-6500</u>		May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION

Employer identification number

62-1356696

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: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ 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: _____
- 5 ☐ 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)**.
- 7 ☐ 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.)
- 9 ☒ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	101,106.	193,110.	210,805.	247,800.	276,972.	1,029,793.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	101,106.	193,110.	210,805.	247,800.	276,972.	1,029,793.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	24,000.	35,000.	85,000.	148,500.	192,100.	484,600.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	24,000.	35,000.	85,000.	148,500.	192,100.	484,600.
8 Public support. (Subtract line 7c from line 6.)						545,193.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	101,106.	193,110.	210,805.	247,800.	276,972.	1,029,793.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,114.	7,131.	9,633.	26,465.	26,661.	77,004.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,114.	7,131.	9,633.	26,465.	26,661.	77,004.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						1,106,797.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	49.26 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	61.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	6.96 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	6.22 %

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

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

		(a) Event #1 <u>SILENT AUCTION</u> (event type)	(b) Event #2 <u>ANNUAL DONOR EVENT</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	26,281.	10,305.		36,586.
	2 Less Charitable contributions	16,095.	3,500.		19,595.
	3 Gross revenue (line 1 minus line 2)	10,186.	6,805.		16,991.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes	16,095.	584.		16,679.
	6 Rent/facility costs				
	7 Other direct expenses	2,786.	12,279.		15,065.
	8 Direct expense summary Add lines 4- through 7 in column (d)				31,744.
	9 Net income summary Combine lines 3 and 8 in column (d)				-14,753.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____			
c If 'Yes,' enter name and address			
Name. ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided. ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return

AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION

Employer Identification No

62-1356696

	Beginning of Year	End of Year
Line 24 - Other Assets:		
ACCOUNTS RECEIVABLE	110,000.	136,000.
Totals to Form 990-EZ, Part II, line 24	110,000.	136,000.
Line 26 - Total Liabilities:		
ACCOUNTS PAYABLE	26,553.	32,037.
Totals to Form 990-EZ, Part II, line 26	26,553.	32,037.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BANK FEES	1,855.
TRAVEL	18,465.
PRODUCTION COSTS	12,732.
MEALS & ENTERTAINMENT	9,991.
HONORARIUMS	1,220.
PROMOTIONAL ITEMS	3,390.
MISCELLANEOUS	5,602.
APPLIED OVERHEAD	7,585.
DUES & SUBSCRIPTIONS	462.
GIFTS	7,498.
Total	68,800.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> EDWARD SZUMOWSKI 11730 PLAZA AMERICA DRIVE RESTON VA 20190 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/> THOMAS THUNDER 11730 PLAZA AMERICA DRIVE RESTON VA 20190 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input type="checkbox"/> SUE WINDMILL 11730 PLAZA AMERICA DRIVE RESTON VA 20190 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00	0. 0. 0.	0. 0. 0.	0. 0. 0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

SEE ATTACHED SCHEDULE OF GRANTS PAID

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input type="checkbox"/> Person <input type="checkbox"/>		
			140,437.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-57,811.
Total	<u>-57,811.</u>

American Academy of Audiology Foundation
2008 Form 990-EZ
Page 1, Line 10
Schedule of Grants Paid
Page 1 of 2

EIN#: 62-1356696

American Academy of Audiology
11730 Plaza America, #300
Reston, VA 20190
Amount Paid: \$25,000
Purpose of Payment: Gold Standards Summit: Transforming Audiology Education

American Board of Audiology
11730 Plaza America, #300
Reston, VA 20190
Amount Paid: \$41,740
Purpose of Payment: Pediatric audiology practice analysis

Accreditation Commission for Audiology Education
1718 M Street, NW #297
Washington, DC 20036-4504
Amount Paid: \$20,000
Purpose of Payment: University recruitment for audiology program accreditation

Northwestern University
Lauren Calandruccio, Ph.D., Jessica Levine
Office of Sponsored Research
633 Clark St, N Tower #2,
Evanston, IL 60208
Amount Paid: \$15,000
Purpose of Payment: Research grant funding:

American Academy of Audiology Foundation
2008 Form 990-EZ
Page 1, Line 10
Schedule of Grants Paid
Page 2 of 2

EIN#: 62-1356696

Research Foundation of State University of NY
Eric Bielefeld, Ph.D.)
35 State Street
Albany, NY 12207-2826
Amount Paid: \$9,986
Purpose of Payment: Research grant funding

University of Texas at Dallas
Andrea Warner-Czyz, Ph.D.
800 West Campbell Rd. MP13
Richardson, TX 75080-3021
Amount Paid: \$9,040
Purpose of Payment: Research grant funding

American Academy of Audiology Foundation
2008 FORM 990-EZ

EIN #: 62-1356696

STATEMENT OF EXEMPT PURPOSE

The mission of the American Academy of Audiology Foundation is to raise funds and support for programs of excellence in research, education, and public awareness in audiology and hearing science.

Page 2 – Part III – Statement of Program Service Accomplishments – (Grants of \$140,437;
Total Expenses of \$183,902)

Research Grants Program: (Grants of \$42,326; Total Expenses of \$44,719.61) Fourteen grants were made in amounts ranging from \$10,000 to \$500 on research conducted on topics in the hearing and balance sciences. Several grants were made to PhDs working in university settings and others were made to graduate and undergraduate students. The objective of the grants and awards is to encourage next-generation researchers, and promote evidence-based practices in audiology. No revenue was generated for the Foundation from the research grants programs.

Pediatric Audiology: (Grants of \$41,740; Total Expenses of \$46,926.98) The objective of the Foundation's program in pediatric audiology is to fund various initiatives that enhance hearing care for infants and children. The Marion Downs Lecture in Pediatric Audiology provides an educational forum that features an annual presentation by a leading researcher in pediatric hearing science that is attended by several hundred audiologists. The ongoing practice analysis of pediatric audiology will develop an up-to-date description of the work of pediatric audiologists: what they do, tasks performed, types of patients treated, abnormalities/ailments observed and treated, conditions encountered, etc. This information will be used by the Foundation and other organizations as a resource when educational offerings are developed, reviewed and/or funded. The Hearing Assistance Technology DVD was developed to provide pediatric audiologists with step-by-step guidelines on remote microphone technologies for children and youth, and over 1,200 DVDs were distributed at no charge. Outreach to the National Education Association provided teachers with free materials about noise-induced hearing loss for use in classroom and other youth educational settings. No revenue was generated for the Foundation from the pediatric audiology program.

Audiology Education: (Grants of \$47,200; Expenses of \$73,589.89) The goal of the Foundation's programs in audiology support higher education in audiology. The *Gold Standards Summit 2009: Transforming Clinical Education in Audiology* was held in January 2009 in Orlando, Florida. Key stakeholders in audiology education met to address critical issues underlying the effectiveness, efficiency, and consistency of clinical audiology education. There were 164 participants with representatives from 65 of the 73 U.S. Doctor of Audiology (Au.D.) programs/consortia, in addition to representatives from preceptor sites, industry, licensing boards, accreditation bodies, certification bodies and other allied professional organizations. Meeting outcomes include: implementation of an education column in *Audiology Today* magazine, development of a clinical competencies document (in progress), development of a survey on PhD students/programs (in progress), development of a process/mechanism for sharing clinical education resources (in progress), development of a special supplement of the *Journal of the American Academy of Audiology*, the Academy's prestigious refereed scholarly journal, on evidence-based instruction (in progress). A grant to the Accreditation Commission for Audiology Education provided funding that supported university recruitment to the audiology accreditation process that recognizes, reinforces, and promotes the highest quality in Au.D.

educational programs through a rigorous verification process. No revenue is generated by these programs.

Other: (Grants of \$9,171; Total Expenses of \$18,665.05) Public awareness campaigns and member assistance programs.