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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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)

- 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

**2009****Open to Public Inspection**

<b>A</b> For the 2009 calendar year, or tax year beginning <u>01/01</u> , 2009, and ending <u>12/31</u> , 2009	
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VOICE AND SPEECH TRAINERS ASSOC</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>111 PERKINS ST APT 164</u> City or town, state or county, and ZIP + 4 <u>JAMAICA PLAIN, MA 02130</u>
<b>D</b> Employer identification number <u>35-1717581</u>	<b>E</b> Telephone number <u>617-676-8408</u>
<b>F</b> 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) ▶

**I** Website: ▶ WWW.VASTA.ORG**J** Tax-exempt status (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

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

**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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 110488**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	2000
	2	Program service revenue including government fees and contracts . . . . .	2	72469
	3	Membership dues and assessments . . . . .	3	35683
	4	Investment income . . . . .	4	336
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
	b	Less direct expenses other than fundraising expenses . . . . .	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	110488	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) . . . . .	10	3570
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	441
	16	Other expenses (describe ▶ SEE ATTACHED) . . . . .	16	101704
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	105715	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4773
	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	154586
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	<b>Net assets or fund balances</b> at end of year. Combine lines 18 through 20 . . . . .	21	159359

**Part II** Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End year
22 Cash, savings, and investments . . . . .	154836	22 159359
23 Land and buildings . . . . .		23
24 Other assets (describe ▶ _____)		24
25 <b>Total assets</b> . . . . .	154836	25 159359
26 <b>Total liabilities</b> (describe ▶ SEE ATTACHED)	250	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	154586	27 159359

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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

## Expenses

What is the organization's primary exempt purpose? DEVELOPMENT OF VOICE AND SPEECH TR

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

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, and other relevant information for each program title.

**28** PRESENT ANNUAL PROFESSIONAL CONFERENCE.

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

28a	74875
-----	-------

**29** PROVIDE EDUCATIONAL OPPORTUNITY GRANTS.

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

29a	3570
-----	------

30 SUPPORT RESOURCE WEBPAGE FOR VOICE, PRACTITIONERS

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

30a	576
-----	-----

31 Other program services (attach schedule) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

31a	13731
-----	-------

**32 Total program service expenses.** (add lines 28a through 31a) . . . . .

32	92752
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**Part IV** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (See the instructions for Part IV )

[illegible]

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b>	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 why the organization did not report the income on Form 990-T		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b>	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? . . . . .	<b>38a</b>	X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . . <b>40b</b>		
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b>	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 . . . . . <b>40e</b>		
<b>41</b>	List the states with which a copy of this return is filed ▶		
<b>42a</b>	The organization's books are in care of ▶ <u>ANTONIO OCAMPO GUZMAN</u> Telephone no ▶ <u>(617) 676-8408</u> Located at ▶ <u>111 PERKINS STREET NO 164</u> ZIP + 4 ▶ <u>02130</u>		
<b>b</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)? . . . . . <b>42b</b>	Yes	No
	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . . <b>42c</b>		X
	If "Yes," enter the name of the foreign country ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>	Yes	No
			X
<b>45</b>	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 . . . . . <b>45</b>		X

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**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 . . . . . **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☒ No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and 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 & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

<b>Sign Here</b>	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 <i>Antonio Ocampo Guzman</i>		Date <i>2/18/10</i>	
ANTONIO OCAMPO GUZMAN - TREASURER				
Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>BMA</i>	Date <i>02/12/10</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <i>P00139516</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>EZ TAX</i> <i>1425 NORTH LAMAR BLVD OXFORD, MS 38655-0000</i>			EIN <i></i>
	Phone no <i>(607) 280-7999</i>			

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

## Name of the organization

**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.** ▶ **See separate instructions.**

OMB No 1545-0047

## 2009

**Open to Public Inspection**

VOICE AND SPEECH TRAINERS ASSOC

Employer identification number

35-1717581

<b>Part I Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions		99
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The organization is not a private foundation because it is (For lines 1 through 11, 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 )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 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 it 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? . . . . .

h Provide the following information about the supported organization(s)

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

[illegible]

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total Support</b> (Add lines 7 through 10) . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6 column (f) divided by line 11 column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10% facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	29871	31007	33462	27889	35683	157912
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	12	32807	30183	42475	72469	177946
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	29883	63814	63645	70364	108152	335858
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public Support.</b> (Subtract line 7c from line 6.) . . . . .						335858

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	29883	63814	63645	70364	108152	335858
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2373	8844	4399	791	336	16743
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	2373	8844	4399	791	336	16743
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11 and 12.) . . . . .						352601

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

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

<b>15</b> Public support percentage for 2009 (line 8 column (f) divided by line 13 column (f)) . . . . .	<b>15</b>	95.252	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	92.797	%

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

<b>17</b> Investment income percentage for 2009 (line 10c column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	4.748	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	7.203	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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



Schedule A (Form 990 or 990-EZ) 2009

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## 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.

SUPPORTING STATEMENTS FOR ORGANIZATION  
VOICE AND SPEECH TRAINERS ASSOC  
 35-1717581  
 111 PERKINS ST APT 164  
 JAMAICA PLAIN, MA 02130

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 \*\*\*\*\* SCHEDULE of Part I - Grants and Similiar Amounts Paid

<u>Activity</u>	<u>Grantee Name/ Relationship</u>	<u>Grantee Address</u>	<u>Amount</u>
EDUCATION	DARCY SMITH	32 SEVERN STREET NEW ZEALAND	650
	MEMBER	ISLAND BAY,	
EDUCATION	JOHN DEBOER	32 CAMPUS DRIVE	832
	MEMBER	MISSOULA, MT 59812	
EDUCATION	RUTHIE TUTTEROW	5401 LAWDALE DRIVE	225
		GREENSBORO NC 27455	
EDUCATION	JANE BOSTON	44 MALDON RD BRIGHTON UK	500
		BRIGHTON,	
EDUCATION	SHANNA BETH MCGEE	2707 LANASHIRE RD	363
	MEMBER	CLEVELAND, OH 44106	
EDUCATION	CSU FULLERTON	800 N STATE COLLEGE BLVD	500
		FULLERTON, CA 92831	
EDUCATION	RUTH ROOTBERG	478 OLD FARM ROAD	500
	MEMBER	AMHERST MA 01002	

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 \*\*\*\*\* SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	2,098
WEBSITE AND EMAIL	576
INSURANCE	1,766
TRAVEL	7,697
FOOD	962
CONFERENCE	74,874
JOURNAL PUBLISHING	13,731
<u>Total Part I - Other Expenses:</u>	<u>101,704</u>

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 \*\*\*\*\* SCHEDULE of Part II - Other Liabilities

<u>Description</u>	<u>Beginning</u>	<u>Ending</u>
ATHE	250	
<u>Total Part I - Other Liabilities:</u>	<u>250</u>	