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990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION <b>Doing Business As</b>		<b>D Employer identification number</b> 52-6055761
	<b>Number and street (or P O box if mail is not delivered to street address)</b> 2200 RESEARCH BLVD		<b>E Telephone number</b> (301) 296-8644
	<b>City or town, state or country, and ZIP + 4</b> ROCKVILLE, MD 20850-3289		<b>G Gross receipts \$</b> 3,118,271.
	<b>F Name and address of principal officer</b> NANCY J. MINGHETTI 2200 RESEARCH BLVD ROCKVILLE, MD 20850-3289		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> HTTP://WWW.ASHFOUNDATION.ORG/DEFAULT.HTM			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L Year of formation</b> 1948		<b>M State of legal domicile</b> MD	

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO ADVANCE KNOWLEDGE AND IMPROVE PRACTICE IN SERVING CHILDREN AND ADULTS WITH COMMUNICATION DISORDERS THROUGH SUPPORT OF RESEARCH, EDUCATION, AND INNOVATIVE INITIATIVES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
Revenue	5	Total number of employees (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	125	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 42	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Expenses	8	Contributions and grants (Part VIII, line 1h)	737,530.	662,424.
	9	Program service revenue (Part VIII, line 2g)	10,144.	12,303.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 1d)	-245,603.	-2,311.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,225.	19,246.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	532,296.	691,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	460,922.	445,693.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	321,480.	329,090.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses, Part IX, column (D), line 25	164,088.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	138,392.	135,313.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	920,794.	910,096.
	19	Revenue less expenses Subtract line 18 from line 12	-388,498.	-218,434.
	20	Total assets (Part X, line 16)	5,454,405.	5,874,583.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	151,061.	81,508.
	22	Net assets or fund balances Subtract line 21 from line 20	5,303,344.	5,793,075.

## Part II Signature Block

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 <i>Nancy J. Minghetti</i>	Date 10/26/10	
	Type or print name and title NANCY J. MINGHETTI, EXECUTIVE DIRECTOR, ASH FOUNDATION		
Paid Preparer's Use Only	Preparer's signature <i>Joabre C. Thiller</i>	Date 10/25/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102	EIN 36-6055558	Phone no 703-847-7500

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

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

Form 990 (2009)

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**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

ATTACHMENT 3

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 503,280 including grants of \$ 445,693.) (Revenue \$ )

SCHOLARSHIPS, RESEARCH GRANTS AND CLINICAL ACHIEVEMENT AWARDS -  
NATIONALLY COMPETITIVE PROGRAMS FOSTER ADVANCES AND SCHOLARLY  
EXCELLENCE. IN 2009, THE ASHFOUNDATION AWARDED \$445,693 THROUGH  
39 RESEARCH GRANTS, SCHOLARSHIPS, CLINICAL ACHIEVEMENT AWARDS IN  
SUPPORT OF RESEARCH INVESTIGATIONS, DOCTORAL AND MASTER'S  
EDUCATION, AND CLINICAL DEVELOPMENTS. IN ADDITION TO THE  
RECIPIENT FUNDING, EXPENSES INCLUDE THE COST OF PREPARING AND  
DISTRIBUTING GUIDELINES, THE SELECTION OF RECIPIENTS AND  
UNDERWRITING ATTENDANCE AT SELECTED SCHOLARLY ACTIVITIIES.

**4b** (Code: ) (Expenses \$ 74,369 including grants of \$ ) (Revenue \$ 2,418.)

PROGRAM COMMUNICATION - PROGRAM VISIBILITY IS ACHIEVED THROUGH A  
VARIETY OF COMMUNICATION VEHICLES, SUCH AS ARTICLES IN THE  
ASSOCIATION PUBLICATIONS DISTRIBUTED TO OVER 140,000 CONSTITUENTS,  
AS WELL AS THE FOUNDATION ANNUAL REPORT, NEWSLETTERS, SPECIAL  
PROGRAM MATERIALS, AND ELECTRONIC COMMUNICATION.

**4c** (Code: ) (Expenses \$ 46,305 including grants of \$ ) (Revenue \$ 9,885.)

ASHA CONVENTION - THE FOUNDATION PROMOTES AND CONDUCTS  
MISSION-RELATED PROGRAMS DURING THE ANNUAL ASSOCIATION MEETING  
WHICH IS ATTENDED BY MORE THAN 12,000 MEMBERS OF THE ASSOCIATION'S  
140,000 CONSTITUENTS.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 623,954.

**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 . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3 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 . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for 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 . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	Yes	No
	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	X	
23	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 Schedule J. . . . .	X	
24a	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 Schedule K. If "No," go to question 25. . . . .		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
25b	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. . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		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. . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body . . . . .	1a	10
b Enter the number of voting members that are independent . . . . .	1b	10
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
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 in Schedule O . . . . .	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13 Does the organization have a written whistleblower policy? . . . . .	13	X
14 Does the organization have a written document retention and destruction policy? . . . . .	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . . . .	15a	X
b Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) . . . . .		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► FL, IL, MD, NY, VA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► NANCY J. MINGHETTI 2200 RESEARCH BLVD, ROCKVILLE, MD 20850-3289  
 301-296-8701





**Part VII**    **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII** Statement of Revenue

52-6055761

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	11,554.			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0.			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	20,536.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0.			
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	11,067.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	619,267.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .		24,880.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		662,424.			
Program Service Revenue				<b>Business Code</b>			
	<b>2a</b>	PRODUCT/PUBLICATION SALES . . . . .	900099	2,418.	2,418.		
	<b>b</b>	FOUNDERS BREAKFAST . . . . .	900099	9,885.	9,885.		
	<b>c</b>	. . . . .					
	<b>d</b>	. . . . .					
	<b>e</b>	. . . . .					
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		12,303.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . <b>ATTACHMENT 4</b> . . . . .		110,460			110,460.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
		2,245,969					
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
		2,358,740					
	<b>c</b>	Gain or (loss) . . . . .					
		-112,771					
	<b>d</b>	Net gain or (loss) . . . . .		-112,771			-112,771.
	<b>8a</b>	Gross income from fundraising events (not including \$ 20,536 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	81,324			
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>	67,149			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		14,175			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	1,505			
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>	720			
<b>c</b>	Net income or (loss) from gaming activities . . . . . <b>ATCH. 5.</b>		785				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	MISCELLANEOUS REVENUE . . . . .	900099	4,286			4,286	
<b>b</b>	. . . . .						
<b>c</b>	. . . . .						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		4,286				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		691,662	12,303		1,975	

Form **990** (2009)

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	312,500.	312,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	123,193.	123,193.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	10,000.	10,000.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	164,709.	74,119.	32,942.	57,648.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	114,417.	30,670.	24,306.	59,441.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	8,989.	3,315.	1,781.	3,893.
9 Other employee benefits . . . . .	22,943.	6,630.	2,478.	13,835.
10 Payroll taxes . . . . .	18,032.	6,624.	3,708.	7,700.
11 Fees for services (non-employees)	0.			
a Management . . . . .	817.		817.	
b Legal . . . . .	26,839.		26,839.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	10,778.	9,578.	1,200.	
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	51,373.	14,603.	19,648.	17,122.
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	16,701.	7,352.	5,642.	3,707.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	25,823.	25,370.	453.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	0.			
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a STATE REGISTRATION FEES	2,910.		2,240.	670.
b MISCELLANEOUS	72.			72.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	910,096.	623,954.	122,054.	164,088.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,081,564.	2	1,081,522.
	3 Pledges and grants receivable, net	28,299.	3	16,336.
	4 Accounts receivable, net	607,851.	4	334,919.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	1,300.	5	0.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,245.	9	595.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	3,723,146.	11	4,441,211.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,454,405.	16	5,874,583.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	98,325.	17	80,218.
	18 Grants payable		18	
	19 Deferred revenue	52,736.	19	1,290.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	151,061.	26	81,508.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	3,253,057.	27	4,029,312.
	28 Temporarily restricted net assets	1,206,681.	28	807,361.
	29 Permanently restricted net assets	843,606.	29	956,402.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	5,303,344.	33	5,793,075.
	34 <b>Total liabilities and net assets/fund balances</b>	5,454,405.	34	5,874,583.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)



**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</b> <b>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</b> <b>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</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<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"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	924,814	1,106,927	1,155,067	737,530	662,424	4,586,762
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	38,230	12,399	10,447	10,144	12,303	83,523
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 through 5 . . . . .	963,044	1,119,326	1,165,514	747,674	674,727	4,670,285
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	561,990	652,630	780,416	83,046	138,123	2,216,205
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 . . . . .						
c Add lines 7a and 7b . . . . .	561,990	652,630	780,416	83,046	138,123	2,216,205
8 Public support (Subtract line 7c from line 6) . . . . .						2,454,080

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	963,044	1,119,326	1,165,514	747,674	674,727	4,670,285
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	58,389	103,454	156,778	144,314	110,460	573,395
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	58,389	103,454	156,778	144,314	110,460	573,395
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) <u>ATCH 1</u> . . . . .	39,418	81,043	34,703	115,294	87,115	357,573
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	1,060,851	1,303,823	1,356,995	1,007,282	872,302	5,601,253
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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	43.81%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	39.20%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	10.24%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	9.34%

- 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 ► ☐



**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.

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
FUNDRAISING EVENTS	39,418.	81,043.	34,703	115,294.	82,829.	353,287.
MISCELLANEOUS REVENUE	0.	0.	0	0	4,286.	4,286.
<b>TOTAL</b>	<u>39,418.</u>	<u>81,043.</u>	<u>34,703.</u>	<u>115,294.</u>	<u>87,115.</u>	<u>357,573.</u>

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

52-6055761

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	792,777.	935,168.			
b Contributions . . . . .	116,895.	58,482			
c Net investment earnings, gains, and losses . . . . .	152,276	-195,873			
d Grants or scholarships . . . . .	6,400	5,000			
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,055,548.	792,777.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 40.6800 %  
 b Permanent endowment ► 57.8600 %  
 c Term endowment ► 1.4600 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ►



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	691,662.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	910,096.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-218,434.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-218,434.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,661,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	708,165.
b	Donated services and use of facilities	2b	193,740.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	67,869.
e	Add lines 2a through 2d	2e	969,774.
3	Subtract line 2e from line 1	3	691,662.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	691,662.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,171,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	193,740.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	67,869.
e	Add lines 2a through 2d	2e	261,609.
3	Subtract line 2e from line 1	3	910,096.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	910,096.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT PROGRAM  
FUNCTIONS AND ARE PRIMARILY TARGETED TO FUND RESEARCH GRANTS,  
SCHOLARSHIPS, AWARDS AND OPERATIONS.

SCHEDULE D, PART XII, LINE 2D

EXPENSES RELATED TO FUNDRAISING ACTIVITIES: \$67,149

EXPENSES RELATED TO GAMING ACTIVITIES: 720

-----

TOTAL: \$67,869

SCHEDULE D, PART XIII, LINE 2D

EXPENSES RELATED TO FUNDRAISING ACTIVITIES: \$67,149

EXPENSES RELATED TO GAMING ACTIVITIES: 720

-----

TOTAL: \$67,869

**Department of the Treasury**  
**Internal Revenue Service**

## Statement of Activities Outside the United States

**► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

## Open to Public Inspection

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer identification number

52-6055761

## Part I

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals					

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

Schedule F (Form 990) 2009

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**Part IV**      **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

[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	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through col (c))
		GOLF CLASSIC (event type)	CONVENTION (event type)	0 (total number)	
Revenue	1 Gross receipts . . . . .	78,368.	21,850.		100,218.
	2 Less: Charitable contributions . . . . .	1,768.	17,080.		18,848.
	3 Gross income (line 1 minus line 2) . . . . .	76,600.	4,770.		81,370.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	61,266.	4,450.		65,716.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 65,716.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				15,654.

**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 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

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. \_\_\_\_\_

10 a 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
9 a		
10 a		
11		
12		

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► _____		
	Address ► _____		
<b>16</b>	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		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer identification number

52-6055761

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	UNIVERSITY OF WASHINGTON 3903 BROOKLYN AVE NE SEATTLE, WA 98105	91-6001537		10,000				RESEARCH GRANT
	WASHINGTON UNIVERSITY 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	501 (C) (3)	10,000				RESEARCH GRANT
	RES FND-STATE UNIV OF NY 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501 (C) (3)	10,000				RESEARCH GRANT
	UNIVERSITY OF ARIZONA P O BOX 3308 TUCSON, AZ 85722	74-2652689		10,000				RESEARCH GRANT
	UNIVERSITY OF TEXAS-DALLAS 1966 INWOOD RD DALLAS, TX 75235	75-1305566	501 (C) (3)	10,000				RESEARCH GRANT
	UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	48-1278531		10,000				RESEARCH GRANT
	UNIV OF KANSAS MEDICAL CNTR 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501 (C) (3)	37,500				CLINICAL RES GRANT
	GOVERNORS STATE UNIV 1 UNIVERSITY PKWY UNIVERSITY PARK, IL 60466	36-2684803		50,000				CLINICAL RES GRANT
	UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813		50,000				CLINICAL RES GRANT
	WALTER REED MEDICAL CNTR 6900 GEORGIA AVE NW WASHINGTON, DC 20307	53-0196956		50,000				CLINICAL RES GRANT
	BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501 (C) (3)	50,000				CLINICAL RES GRANT

2 Enter total number of section 501(c)(3) and government organizations 11

3 Enter total number of other organizations 0

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

Schedule I (Form 990) 2009

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRADUATE STUDENT SCHOLARSHIP	11	44,000.			
NEW CENTURY SCHOLARS RESEARCH GRANT	1	10,000			
NEW CENTURY SCHOLARS DOCTORAL SCHOLARSHIP	6	60,000			
STUDENT RESEARCH GRANT IN AUDIOLOGY	1	2,000			
STUDENT RESEARCH GRANT IN EARLY CHILDHOOD LANGUAGE	1	2,000			
KLEFFNER AWARD	1		1,455.	FMV	CRYSTAL
TRAVEL GRANTS	5	3,738			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

## SCH I PART IV

THE ASHFOUNDATION MAINTAINS DOCUMENTATION TO SUPPORT THE FOLLOWING: GRANT

GUIDELINES AND ELIGIBILITY CRITERIA; GRANT REVIEW AND SELECTION CRITERIA;

AWARD DISBURSEMENT CORRESPONDENCE; FUNDING SUBSTANTIATION. GUIDELINES AND

GRANT FUNDING NOTIFICATION STIPULATE THAT A FINAL REPORT OF THE CONDUCTED

GRANT WORK AND RESULTS IS DUE TO THE ASHFOUNDATION UPON COMPLETION OF THE

GRANT PERIOD.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer identification number

52-6055761

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009





**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer identification number

52-6055761

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	1	24,073.	COST
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	1	807.	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2009

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**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer identification number

52-6055761

ATTACHMENT 2

PART VI, SECTION A, LINE 6

THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION IS THE SOLE MEMBER AS  
DEFINED BY THE ASHFOUNDATION BYLAWS.

PART VI, SECTION A, LINE 7A

THE ASHFOUNDATION BOARD OF TRUSTEES APPROVES TRUSTEES FOR BOARD SERVICE  
AND, UPON THIS ACTION, THE RECOMMENDED TRUSTEE NAMES ARE FORWARDED FOR  
APPROVAL BY THE ASSOCIATION (VIA ITS BOARD OF DIRECTORS) AS THE SOLE  
MEMBER DEFINED IN ORGANIZATION BYLAWS.

PART VI, SECTION A, LINE 7B

IN ACCORDANCE WITH THE BYLAWS, THE GOVERNING BOARD'S REMOVAL AND  
REPLACEMENT OF TRUSTEES AND OFFICERS, BUDGET APPROVAL, AMENDMENTS TO THE  
BYLAWS AND DISSOLUTION OF THE ORGANIZATION ARE SUBJECT TO REVIEW AND/OR  
APPROVAL BY THE SOLE MEMBER.

PART VI, SECTION B, LINE 11A

REVIEW PROCEDURES

THE CPA FIRM AND MANAGEMENT PERFORM A DETAILED REVIEW OF THE PREPARED  
FORM 990. THE ASHFOUNDATION BOARD OF TRUSTEES HAS DESIGNATED THE BOARD'S  
V.P. FOR FINANCIAL REVIEW WITH THE AUTHORITY TO PERFORM AN OVERALL REVIEW  
OF THE 990 DOCUMENTS PRIOR TO IRS FILING AND TO OBTAIN CLARIFICATION IF  
NEEDED. THE V.P. RECEIVES THE FORM WITHIN 3 DAYS PRIOR TO FILING.

Name of the organization	Employer identification number
AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION	52-6055761
ATTACHMENT 2 (CONT'D)	

ALL TRUSTEES ARE PROVIDED WITH AN ELECTRONIC COPY OF THE FINAL 990 PRIOR  
TO FILING.

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

THE POLICY COVERS ANY TRUSTEE, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE  
WITH GOVERNING BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT  
FINANCIAL INTEREST. DETERMINATION OF A CONFLICT OF INTEREST IS MADE BY  
THE REMAINING BOARD OR COMMITTEE MEMBERS. UPON DETERMINATION OF A  
CONFLICT OF INTEREST, THE BOARD WILL REQUEST THE INDIVIDUAL TO RECUSE  
HIM/HERSELF FROM ANY RELATED DISCUSSION AND CORRESPONDING VOTE ON THE  
ITEM OF BUSINESS.

PART VI, SECTION B, LINE 15

OFFICER COMPENSATION

THE REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR'S COMPENSATION IS  
PERFORMED ANNUALLY BY AN EXECUTIVE COMMITTEE OF THE ASHFOUNDATION BOARD.  
THE EXECUTIVE DIRECTOR IS NOT INVOLVED IN THIS PROCESS. THE COMMITTEE  
FOLLOWS GUIDELINES USED BY THE ASSOCIATION'S HUMAN RESOURCE UNIT  
DEVELOPED BY AN INDEPENDENT COMPENSATION CONSULTANT BASED ON COMPENSATION  
PRICING AND RANGES FOR COMPARABLE EXECUTIVE POSITIONS IN SIMILAR  
ORGANIZATIONS. CONTEMPORANEOUS DOCUMENTATION IS PROVIDED BY E-MAIL  
EXCHANGES BETWEEN THE EXECUTIVE COMMITTEE AND THE ASSOCIATION'S HUMAN  
RESOURCE UNIT.

PART VI, SECTION C, LINE 19

ASHFOUNDATION MAKES ITS BYLAWS AND ANNUAL AUDITED FINANCIAL STATEMENTS

Name of the organization	Employer identification number
AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION	52-6055761
ATTACHMENT 2 (CONT'D)	

AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ASHFOUNDATION'S MISSION IS TO ADVANCE KNOWLEDGE AND IMPROVE PRACTICE IN SERVING CHILDREN AND ADULTS WITH SPEECH, LANGUAGE, OR HEARING DISORDERS BY SUPPORTING RESEARCH AND EDUCATION AND BY FACILITATING INNOVATIVE DIRECTIONS FOR THE DISCIPLINE OF COMMUNICATION SCIENCES AND DISORDERS. THE VISION OF THE AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION IS TO ENSURE THAT ALL INDIVIDUALS REACH THEIR FULL COMMUNICATION POTENTIAL.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	110,460.			110,460.
TOTALS	110,460.			110,460.

ATTACHMENT 5

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION			
CAPSCD RAFFLE	1,505	720.	785.
TOTALS	1,505.	720.	785.

**Department of the Treasury  
Internal Revenue Service**

▲ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
 ▲ Attach to Form 990.  
 ▲ See separate instructions.

► **Attach to Form 990.**

▲ See separate instructions.

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

**Employer Identification number**  
52-6055761

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2009





**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		<input checked="" type="checkbox"/> <b>1a</b>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1b</b>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<input checked="" type="checkbox"/>	<b>1c</b>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1d</b>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1e</b>
<b>f</b> Sale of assets to other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1f</b>
<b>g</b> Purchase of assets from other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1g</b>
<b>h</b> Exchange of assets . . . . .		<input checked="" type="checkbox"/> <b>1h</b>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1i</b>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1j</b>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1k</b>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<input checked="" type="checkbox"/>	<b>1l</b>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		<input checked="" type="checkbox"/> <b>1m</b>
<b>n</b> Sharing of paid employees . . . . .		<input checked="" type="checkbox"/> <b>1n</b>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		<input checked="" type="checkbox"/> <b>1o</b>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		<input checked="" type="checkbox"/> <b>1p</b>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1q</b>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		<input checked="" type="checkbox"/> <b>1r</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved
<b>(1)</b>	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	C	91,464.
<b>(2)</b>	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	L	129,471.
<b>(3)</b>	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	M	87,529.
<b>(4)</b>	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	N	106,212.
<b>(5)</b>	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	O	392,301.
<b>(6)</b>			

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