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Return of Organization Exempt From Income Tax

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

OMR No. 1545-0047

Open to Public

epartment of the Treasury

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20 Please C Name of organization AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION D Employer identification number Address change Doing Business As 52-6055761 label or print o Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name chance 2200 RESEARCH BLVD (301) 296-8644 Initial return See Specifi City or town, state or country, and ZIP + 4 Amended return Application tions. ROCKVILLE, MD 20850-3289 G Gross receipts \$ 3,118,271 F Name and address of principal officer NANCY J. MINGHETTI H(a) Is this a group return for X No Vae 2200 RESEARCH BLVD ROCKVILLE, MD 20850-3289 H(b) Are all affiliates included? X | 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► HTTP://WWW.ASHFOUNDATION.ORG/DEFAULT.HTM H(c) Group exemption number Form of organization X Corporation Trust L Year of formation 1948 M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities ______
TO ADVANCE KNOWLEDGE AND IMPROVE PRACTICE IN SERVING CHILDREN AND Governance ADULTS WITH COMMUNICATION DISORDERS THROUGH SUPPORT OF RESEARCH, EDUCATION, AND INNOVATIVE INITIATIVES. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 0 5 125 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), the F2 VET

b Net unrelated business taxable income from Form 990-T, line 24. n. 7 a 0. Prior Year **Current Year** 737,530 662,424. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 10,144 12,303. 9 Investment income (Part VIII, column (A), lines 3, 4, and 2d -245,603 -2,311 10 19,246. 30,225 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 532,296 Total revenue - add lines 8 through 11 (must equal Part VIII. 691,662. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 460,922 445,693. 0 Ō. Benefits paid to or for members (Part IX, column (A), line 4) 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. b Total fundraising expenses, Part IX, column (D), line 25) ▶ 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. -388,498 -218,434. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 5,874,583 5,454,405 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 151,061 81,508. 21 5,303,344 5,793,075. 22 Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here EXECUTIVE DIRECTOR ASHFOUNDATION Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) self-Paid employed Preparer's Firm's name (or yours GRAN THORNTON LLP FIN 36-6055558 if self-employed), address, and ZIP + 4 703-847-7500 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102 Phone no

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.* JSA 9E1010 3 000

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2009)

Yes

ÆΠ	m 990 (2009)	52-6055761	Page 2
Pa	statement of Program Service	Accomplishments	
1	Briefly describe the organization's missio ATTACHMENT 3	on:	
			_
2	the prior Form 990 or 990-EZ?	nificant program services during the year which were not listed on	XNo
3	If "Yes," describe these new services on \$	Schedule O or make significant changes in how it conducts, any program	
	services? If "Yes," describe these changes on Sche	Yes edule O.	XNo
4	Section 501(c)(3) and 501(c)(4) organiza	ents for each of the organization's three largest program services by expenses. ations and section 4947(a)(1) trusts are required to report the amount of grants an and revenue, if any, for each program service reported.	d
4 a	SCHOLARSHIPS, RESEARCH GRAD	NTS AND CLINICAL ACHIEVEMENT AWARDS -	_)
		GRAMS FOSTER ADVANCES AND SCHOLARLY	
		ASHFOUNDATION AWARDED \$445,693 THROUGH RSHIPS, CLINICAL ACHIEVEMENT AWARDS IN	
		IGATIONS, DOCTORAL AND MASTER'S	
	EDUCATION, AND CLINICAL DE		
		S INCLUDE THE COST OF PREPARING AND	
		HE SELECTION OF RECIPIENTS AND	
	UNDERWRITING ATTENDANCE AT	SELECTED SCHOLARLY ACTIVIITIES.	
4 b	VARIETY OF COMMUNICATION VI ASSOCIATION PUBLICATIONS D	OGRAM VISIBILITY IS ACHIEVED THROUGH A EHICLES, SUCH AS ARTICLES IN THE ISTRIBUTED TO OVER 140,000 CONSTITUENTS, ANNUAL REPORT, NEWSLETTERS, SPECIAL	
4 c	MISSION-RELATED PROGRAMS D	46,305_ including grants of \$) (Revenue \$9,885 DATION PROMOTES AND CONDUCTS URING THE ANNUAL ASSOCIATION MEETING THAN 12,000 MEMBERS OF THE ASSOCIATION'S	
4 d	Other program services (Describe in Sch (Expenses \$ including g	·	
4 e	Total program service expenses ▶	623,954.	
		Fam	990 (2009)

1 (

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," omplete Schedule A	Form 9	90 (2009) 52-6055761		P	age 3
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A					
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Old 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 II. 4 Section 501(c)(4) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 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. 5 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 II. 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. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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 negoliation services? If "Yes," complete Schedule D, Part V, VI, VII, VII, X, or X as applicable. 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part X, VI, VII, VII, X, X or X as applicable. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part X VI. 9 Did the organization report an amount for other assets in Part X, line 10? If Yes, "complete Schedule D, Part X VI. 9 Did the organization report an amount for other labitities in Part X, line 12? If Yes, "complete Schedule D, P				Yes	No
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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 V. 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. 11 Is the organization's answer to any of the following questions "Yes" If so, complete Schedule D, Part VI, VIII, VIII, IV, or X as applicable. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments—other-securties 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 VIII 13 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 14 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 VIII 15 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI 16 Did the organization behalf of the Intel Schedule D, Part XI 17 Did the organization behalf of the Intel Schedule D, Part XI, III, and XIII. 18 Is the organization behalf of the Intel Schedule D, Part XI, III, and XIII. 19 Did the organization a school described in section 170(b)(1)(b)(I)(N)(I)" If "Yes," complete Schedule E, Part II. 18 X 19 Did the organization report a total of more than \$15,000 fexpenses for professional fundraising services on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 19 Did the organization report a total of more than \$15,000 fexpenses for professional fundraising services on Part	0	•		-	x
X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V . 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 . 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 . 11 D X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 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. 14 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 VIII. 15 Did the organization's separate or consolidated financial statements for the lax year include a footnote that addresses the organization's leability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X X. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X. XII, and XIII. soptonal 15 Is the organization as school described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E. Part I I. 16 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 I. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outs	0	· · · · · · · · · · · · · · · · · · ·	-		
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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. 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		· · · · · · · · · · · · · · · · · · ·			v
quasi-endowments? If "Yes," complete Schedule D, Part V. Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, or X as applicable	4.0	· · · · · · · · · · · · · · · · · · ·	9		
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	10	The state of the s		v	
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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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII. 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 If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional If Yes," complete Schedule E. 13 St the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. 16 Did the organization report a lotal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 17 Did the organization report more than \$15,000 of of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 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. 19 Sk	•	· · · · · · · · · · · · · · · · · · ·			
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 XI, XII, and XIII		·			
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		· · · · · · · · · · · · · · · · · · ·			1
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	•				
complete Schedule D, Parts XI, XII, and XIII					7, -
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	12				
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			12	_ X	—
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12A				i '
14a Did the organization maintain an office, employees, or agents outside of the United States?					
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		-			
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14a		X
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	b				.,
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			14b		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	15				١
to individuals located outside the United States? If "Yes," complete Schedule F, Part III			15		_ 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	16				
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		·	16	X	L
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	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		Х
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	18				1
If "Yes," complete Schedule G, Part III		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		If "Yes," complete Schedule G, Part III	19		Х
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 9	990 (2009) 52-6055761		1	Page 4
Par	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	21	Х	
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	22	Х	
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	23	Х	
24 a	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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2.70		
204	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	238		
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	20-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	006		х
_	Schedule L, Part V	28b		
С	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,	00-		х
20	Part V	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			х
32		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		х
2.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	_33_		
34			Х	
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		v	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
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	l		,,
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	Ь
		Form	490	(2009)

Form 9	990 (2009) 52-6055761		F	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			;
	U.S Information Returns. Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		*	ر ارتیکی
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-	1	4
	gaming (gambling) winnings to prize winners?	1 c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			٠, د
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		 .
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			1
	instructions)			•
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	_		
	this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	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	4-		х
	account)?	<u>4a</u>		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			~
	and Financial Accounts.			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$-\overline{\mathbf{x}}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			-
	and services provided to the payor?	<u>7</u> a_	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		.,
	required to file Form 8282?	7 c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		- x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Lab		ŀ	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)	42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	L	Щ
	in 100, onto the amount of tax-exempt interest received of accreed during the year 120	Form	990	(2009)

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		Х
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	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
ь	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			İ
	form?	11	Х	
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	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a				
	with a taxable entity during the year?	16a		х
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		
Sect	ion 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):	only	,	
	available for public inspection. Indicate how you make these available Check all that apply	- Uy	,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	oct.		
13	policy, and financial statements available to the public.	COL		
20				
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	ie		
	301-296-8701			
JSA		F	000	(2000)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A)	(B)	<u> </u>		(0	:)			(D)	(E)	(F)
Name and Title	Average hours per week	ত Individual trustee P or director	nstitutional trustee	Officer	ন্ধ Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DILL DOCUMENTATION						ē				
BILL BROTTMILLER	1	,,		.,			İ			
VP, FINANCIAL REVIEW	1.00	Х		Х				0.	0	0.
NANCY CREAGHEAD	1 00	١.,		.,				_		•
PRESIDENT	1.00	Х		Х				0.	0	<u> </u>
HOWARD GOLDSTEIN	1 00	.,		.,						0
VP, PROGRAM/AWARDS	1.00	Х		Х			<u> </u>	0.	0	0.
LEE ANN C. GOLPER	1 1 00									•
VP, DEVELOPMENT	1.00	X		Х				0.	0	0.
DANNIS HAMPTON	1	, ,		٠,						0
VP OF ORGANIZATION	1.00	Х		Х	<u> </u>			0.	0	0
RAY D. KENT	1 , ,,	,								0
BOARD OF TRUSTEES JOHN F. MILLER	1.00	Х	\square				_	0.	0	0
BOARD OF TRUSTEES	1.00	x						0.	0	0
WAYNE O. OLSEN	1.00		Н				_	0.	0	0
BOARD OF TRUSTEES	1.00	x						0.	0	0.
ANGIE S. SINGH	1.00	<u> ^</u>	H					···		<u> </u>
BOARD OF TRUSTEES	1.00	x						0.	0	0
TOMMIE ROBINSON	1.00		\vdash							
BOARD OF TRUSTEE	1.00	x						0.	0	0
NANCY J. MINGHETTI	1.00	_ ^	\vdash			-				-
EXECUTIVE DIRECTOR	60.00			х				131,280	0	71,784
BARBOTT P PIRBOTOR	00.00				-	-	-	131,200	ļ i	71,704
	╣									
	 -									
	1				ŀ					
										_
	1.				<u> </u>	<u></u>				
	. }	L								

Section A. Onicers, Directors, Tri		:y = 11	ibic			anu r	ugi			ees (c			
(A)	(B)				C) 			(D)	(E) Reportable			(F)	
Name and title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from read organizat (W-2/1099-	ation ated bons	ame comp fro orga and	imated ount of other sensated in the inization related nization	on on on ed
	-												
1b Total							▶	131,280		0.		71,	784
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 1	d al	bov	e) who	o re	eceived more than	\$100,000 ir	1			
	· · · · · · ·											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	4	X
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of greater th	repor	tabl	le d	om	pensa If "Y	tior es."	n and other com	pensation fule J for	rom such	7 7	,	دي د ـ
individual								ony varalated a		 for	4	Х	
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete S	Sched	lule .	J fo	r su	ch per	sor	1	· · · · · · · ·		5		х
1 Complete this table for your five highest	compensa	ted ır	nder	enc	deni	cont	rac	tors that receive	d more tha	n \$10	0,000	of	
compensation from the organization (A)							T	(B)			(C)		
Name and business add	ress						+	Description of se	rvices	C	compens	ation	
							F						
	· · · ·						F						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e I	isted above) who	received				
The state of the s	gamea		-			<u> </u>					Ener-	990	(2000

VIII	Statement of Revenue	1	(A)	52-6055761 (B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from to under sections 512, 513, or 51
1a	Federated campaigns 1a	11,554.				
b	Membership dues					× 4
c	Fundraising events 10	20,536.				1.4242.43
ď	Related organizations					
e	Government grants (contributions) . 16					
f	All other contributions, gifts, grants,					
•	and similar amounts not included above . 1f	619,267.			-	
g	Noncash contributions included in lines 1a-1f \$			ł		
h	Total. Add lines 1a-1f		662,424.			1
		Business Code				
2a	PRODUCT/PUBLICATION SALES	900099	2,418.	2,418.		
b	FOUNDERS BREAKFAST	900099	9,885.	9,885		
0		- 		2,000		
С.			-			
đ		-				
e		-				
f	All other program service revenue		12 202			
9_	Total. Add lines 2a-2f		12,303.	_		
3	Investment income (including dividends, in	terest, and	110 460			
	other similar amounts) ATTACHMEN		110,460			110,46
4	Income from investment of tax-exempt bor	· .	0.			
5	Royalties · · · · · · · · · · · · · · · · · · ·	(v) Danasas	0.			_
	(i) Real	(II) Personal				
6a	Gross Rents					5
þ	Less rental expenses					
C	Rental income or (loss)					
d	Net rental income or (loss)		0			
7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
	assets other than inventory 2,245,9	69				
b	Less cost or other basis					
	and sales expenses 2,358,7	40				
С	Gain or (loss)	71				
d	Net gain or (loss)		-112,771			-112,77
8 a	Gross income from fundraising					
	events (not including \$20,536					
	of contributions reported on line 1c)					
	See Part IV, line 18	81,324				İ
ь	Less direct expenses	1				
c	Net income or (loss) from fundraising event		14,175			
9.5	Gross income from gaming activities				<u> </u>	
Ja	See Part IV, line 19	1,505				
		l I				
b c	Less direct expenses	U	785			
		<u>5. Cii. J.</u>				
10a	Gross sales of inventory, less					
_	returns and allowances					1
	Less cost of goods sold					
С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0			
				ļ		
11a	MISCELLANEOUS REVENUE	900099	4,286			4,28
b		_				
C		-				
d	All other revenue					
e	Total. Add lines 11a-11d	▶	4,286			
12	Total Revenue. See instructions		691,662	12,303		1,97

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	e not required to com	plete columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, 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				
	US 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	ŕ	,		·
Ü	persons (as defined under section 4958(f)(1)) and	+			
	persons described in section 4958(c)(3)(B)	0.1			
7	Other salaries and wages	114,417.	30,670.	24,306.	59,441.
	T T		30,070.	21/3001	33, 111.
8	Pension plan contributions (include section 401(k)	8,989.	3,315.	1,781.	3,893.
_	and section 403(b) employer contributions)	22,943.	6,630.	2,478.	13,835.
9	Other employee benefits	18,032.	6,624.	3,708.	7,700.
10	Payroll taxes	10,032.	0,024.	3,700.	7,100.
11	Fees for services (non-employees)	_			
а	Management	0.		017	
b	Legal	817.		817.	
С	Accounting	26,839.		26,839.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.	0.530		
g	Other	10,778.	9,578.	1,200.	
12	Advertising and promotion	0.			
13	Office expenses	51,373.	14,603.	19,648.	17,122.
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)				
	STATE REGISTRATION FEES	2,910.		2,240.	670.
_	MICCELLANDONC	72.			72
C					
d					
е					
	All other expenses	010 000	600.054	122 054	164 000
_	Total functional expenses. Add lines 1 through 24f	910,096.	623,954.	122,054.	164,088
26	Joint Costs. Check here 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				
JSA 1052 1	000				Form 990 (200)

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	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	1,300.		0.
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
co.		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	12,245.	9	595.
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less ⁻ accumulated depreciation		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	Total assets. Add lines 1 through 15 (must equal line 34)	5,454,405.	16	5,874,583.
-	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	<u></u>
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D	- .	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		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	Total liabilities. Add lines 17 through 25	151,061.	26	81,508.
- v		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
nces	27	-	3,253,057.	, ,	4,029,312.
<u>a</u>	28	Unrestricted net assets	1,206,681.	27	807,361.
8	29	Temporarily restricted net assets	843,606.	28	956,402.
Š	23	Permanently restricted net assets	043,000.	29	930,402.
or Fund Balan		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	*
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	30 31 32 33	Total net assets or fund balances	5,303,344.	33	5,793,075.
	34	Total liabilities and net assets/fund balances	5,454,405.	34	5,874,583.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3a		Х
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I	D									
	<u>Reason</u> to	r Public Chari	ty Status (All organi	zations m	ust compl	ete this	part.) Se	e instruc	tions.	
The organ	nization is no	t a private found	lation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	c)		
1	A church, co	nvention of chui	rches, or association of	of churches	described	in sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	r a cooperative I	nospital service organi	zation desc	cribed in sec	ction 170	(b)(1)(A)	(iii).		
			ation operated in coi						170(b)(1)((A)(iii). Enter the
	hospital's na	me, city, and sta	ite:	•		•				. , ,
5	An organiza	tion operated fo	or the benefit of a coll	lege or un	versity ow	ned or o	perated b	y a gove	rnmental	unit described in
_		(b)(1)(A)(iv). (Co		_	-					
6	A federal, st	ate, or local gov	ernment or governme	ntal unit de	scribed in s	ection 1	70(b)(1)(4)(v).		
7	An organiza	tion that norma	lly receives a substant	tial part of	its support	from a	governme	ntal unit	or from tl	he general public
	described in	section 170(b)(1)(A)(vi). (Complete P	art II.)						
8	A communit	y trust described	d in section 170(b)(1)(A)(vi). (Co	mplete Part	t II.)				
9 X	An organiza	tion that normal	lly receives: (1) more t	than 331/3	% of its su	pport fro	m contrib	utions, m	embershi	p fees, and gross
	receipts from	m activities rela	ted to its exempt fun-	ctions - su	bject to ce	ertain exc	eptions,	and (2) n	o more ti	nan 331/3% of its
	support from	m gross investr	nent income and unr	elated bus	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975.	See sectio	n 509(a)(2)). (Comp	lete Part I	II.)		
10	An organiza	tion organized a	nd operated exclusive	ly to test fo	or public saf	ety. See s	section 5	09(a)(4).		
11 🔛	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	erform the	e functio	ns of, or	to carry out the
	purposes of	one or more p	ublicly supported orga	anizations o	described i	n section	509(a)(1) or sect	ion 509(a)(2). See section
	509(a)(3). C	theck the box the	at describes the type o	f supportin	g organiza	tion and o	complete	lines 11e	through 1	l 1h
	а Тур	_	Type II c		e III - Func	-	-			pe III - Other
e			rtify that the organiz				-			•
			on managers and oth	er than on	e or more	publicly :	supported	l organiza	ations des	scribed in section
	. ,. ,	section 509(a)(•							
f	_		l a written determinat	tion from t	he IRS tha	at it is a	Type I, 1	ype II, o	Type III	supporting
	_	, check this box								
-	- ·	_	the organization acce	pted any g	ift or contri	bution fro	om any of	the		
	following pe									<u> </u>
		-	or indirectly controls		-		-		• •	Yes No
			erning body of the supp							
	(ii) A family	y member of a p	erson described in (i) a	bove						-
			of a person described							11g(iii) X
h_			ation about the support			1 (2 0.4 .	ou notify	6.31	- 41	fully American of
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	organizat	s the ion in col	(vli) Amount of support			
_			above or IRC section	governing	document?		of your	(i) organii U	zed in the	• •
			(see instructions))	Yes	No	Yes	port?	Yes	No No	
		· · · · · · · · · · · · · · · · · · ·		103		103		103	110	
								}		
_					t I	1				
						1	1	-		
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			1	l	1	1	1	i		
_ 					· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Total										

Par	(Complete only if you chec	ganizations Daked the box o	escribed in S n line 5, 7, or 9	Sections 170(B of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	ndar 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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>	ļ	
5	The portion of total contributions by each person (other than a governmental unit or	l					
	publicly supported organization) included	!			<u> </u>		
	on line 1 that exceeds 2% of the amount				,		
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		 				
	tion B. Total Support	!	1	l	ł	I	<u>'</u>
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u> </u>		 ```	 ` 	 ''
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>			 	<u> </u>
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is organization, check this box and stop here	·					
Sec	tion C. Computation of Public Su		-T				
14	Public support percentage for 2009 (<u>%</u>
15	Public support percentage from 2008						<u>%</u>
16a	331/3% support test - 2009. If the	•			•		
	this box and stop here. The organizat						
D	331/3% support test - 2008. If the check this box and stop here. The org						
172	10%-facts-and-circumstances test -						
,,,	or more, and if the organization m	_					
	Part IV how the organization meets					-	-
	organization			-	· ·		
b	10%-facts-and-circumstances test -						_
	15 is 10% or more, and if the org		-				
	Explain in Part IV how the organizat						
	supported organization				-	-	
18	Private foundation. If the organizationstructions	on did not che	ck a box on lin	e 13, 16a, 16l	b, 17a, or 17b	, check this bo	x and see
							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.)

<u>Sec</u>	tion A. Public Support						
C	alendar 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		ĺ				
	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.	1 110 226	1,165,514.	747 674	674 727	4 670 205
		963,044.	1,119,326	1,165,514.	747,674	674,727.	4,670,285
/ a	Amounts included on lines 1, 2, and 3	561,990.	650 630	200 411	22.44	,,,,,,,,	2 216 225
ь	received from disqualified persons Amounts included on lines 2 and 3	361,990.	652,630	780,416.	83,046.	138,123.	2,216,205
	received from other than disqualified persons that exceed the greater of					İ	
	\$5,000 or 1% of the amount on line 13						
	for the year	561 000	650, 600	700 116	22.24		
	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						
	tion B. Total Support	ľ					2,454,080
	tion B. Total Support	(2) 2005	(b) 2006	(a) 2007	(4) 2000	(-) 2000	(A Total
	alendar 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.
iva	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
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				-		
С	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		ŧ				
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV) ATCH 1	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	n's first, second,	third, fourth, or	fifth tax year as	s a section 501(d	:)(3)
	organization, check this box and stop here.						▶ │
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	column (f) divide	ed by line 13, colum	ın (f))		15	43.81%
16	Public support percentage from 2008 Sche	dule A, Part III, lin	e 15		. <u></u>	16	39.20%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (i	f) divided by line 1:	3, cotumn (f))		17	10.24%
18	Investment income percentage from 2008 \$					18	9.34%
19a	33 1/3% support tests - 2009. If the or					_	
	17 is not more than 33 1/3%, check th	•				•	. 🗔
b	33 1/3% support tests - 2008. If the orga		_			· · · · · ·	
_	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization		•	•			
	non			,50			

Page 4

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

SCHEDULE A, PART III	- OTHER INCOM	E		<u>A'</u>	TTACHMENT I	v
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.	O	0	4,286.	4,286.
TOTAL	39,418.	81,043.	34,703.	115,294.	87,115.	357,573.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

3.45	O LONG ORGANIZATION	50 COSESCO
	RICAN SPEECH-LANGUAGE HEARING FOUNDATION	52-6055761
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	ccounts. Complete if
	(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	or advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	purpose conferring impermissible private benefit?	
Par		m 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		an historically important land area
		a certified historic structure
	Preservation of open space	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	on form of a consequence
_	easement on the last day of the tax year	ie form of a conservation
		Held at the End of the Year
а	Total number of conservation easements	2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	
•	the tax year >	od by the organization during
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, hand	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	
_	>	g , o
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	▶ \$,g ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on
	170(h)(4)(B)(i) and 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	the organization's accounting for conservation easements.	
Par		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resea provide, in Part XIV, the text of the footnote to its financial statements that describes these item	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statements historical treasures, or other similar assets held for public exhibition, education, or research 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 as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	▶ \$
	rivery Act and Danapurck Deduction Act Nation con the Instructions for Form 000	Cabadula D (Farm 000) 2000

Par	Organizations Maintaini	ng Collections of	of Art, Histor	ical Trea	sures,	or Oth	er Similar A	Assets_(d	continue	ed)	
3	Using the organization's acquisition	accession and o	other records	check ar	ny of the	followi	no that are a	significan	nt use of	ıte	
•	collection items (check all that app		Anci records,	CITCUR BI	iy or the	10110111	ing that are a	Significal	it use or	ııs	
а	Public exhibition	'77	d \square	Loar	or exch	anna n	rograms				
b	Scholarly research		e H	Othe		ange p	logianis				
c	Preservation for future ge	nerations	• 🗀	Othe	"						—
4	Provide a description of the organization		and avalage h	ow thou	further th	o oran	nization's ov	omot our	0000 10		
*	Part XIV.	Zation's collections	and explain i	low they	iuitiiei ti	ie orga	IIIIZALION S EX	empt pur	pose in		
5	During the year, did the organization	on solicit or receive	e donations of	art histo	orical tre	asures	or other simil	lar			
·	assets to be sold to raise funds rath								Yes		No
Par	t IV Escrow and Custodial A										140
Гег	IV, line 9, or reported an					11124461	eu res to	1 01111 33	o, i ait		
				•							
1a	Is the organization an agent, truste	e, custodian or oth	ner intermedia	ry for cor	ntribution	s or ot	her assets no	t			
	included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	wing tab	le:			<u> </u>			•
							Α	mount			
С	Beginning balance				1	С					
d	Additions during the year				1	d					
е	Distributions during the year				1	е					
f	Ending balance				1	f					
2a	Did the organization include an am	ount on Form 990	, Part X, line 2	21?				[Yes		No
	If "Yes," explain the arrangement in							_			,
Par	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current Year	(b) Prior yea) Two years		(d) Three yes		(e) Foul	years i	back
1a	Beginning of year balance	792,777.	935,1	68.							
b	Contributions	116,895.	58,4	82							
С	Net investment earnings, gains,					 					
	and losses	152,276	-195,8	173							
d	Grants or scholarships	6,400	5,0	00							
e	Other expenditures for facilities .										
	and programs										
f	Administrative expenses	,									
9	End of year balance	1,055,548.	792,7	77.							
2	Provide the estimated percentage	of the year end ba	lance held as						·		
а	Board designated or quasi-endown	nent ▶ 40.68	00 %								
b	Permanent endowment ► 57.8	3600 %									
С	Term endowment ▶ 1.4600	%									
3a	Are there endowment funds not in	the possession of	the organizat	ion that a	are held	and ad	ministered for	the			
	organization by								ſ	Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" to 3a(II), are the related org	ganızatıons listed a	s required on	Schedule	R?				3b		
4	Describe in Part XIV the intended to	uses of the organiz	ation's endow	ment fun	ds				<u> </u>		
Pai	t VI Investments - Land, Buil	dings, and Equi	pment. See	Form 99	90, Part	X, line	10.				
	Description of investment		or other basis restment)		t or other (other)		Accumulated lepreciation	(d) Book va	lue	
1a	Land							-			
b	Buildings						_				
С	Leasehold improvements	—									
d	Equipment									-	
е	Other						'	,			
Tota	II. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part >	K, column	(B), line	10(c).)					

Part VII Investments - Other Securities. See	Form 990, Part X, line	12.
(a) Description of security or category (including name of secunty)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives ,		
Closely-held equity interests		
Other		
·		
	-	
	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII Investments - Program Related. See	Form 990, Part X, line	e 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(-,	(-,	Cost or end-of-year market value
		• • • • • • • • •
1		
·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX Other Assets. See Form 990, Part X		
	(a) Description	(b) Book value
	<u> </u>	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Amount	
Federal income taxes	1,,	
	-	
	<u> </u>	
.		
	 	
· · · -		
Table (0-1 (1)		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	>	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule
45830Y 649C 10/18/2010 2:07:37 PM 9516914

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

Schedule F (Form 990)

Statement of Activities Outside the United States

2009

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 14b line 15, or line 16.

► Attach to Form 990. ► See separate instructions.

▶ Complete if the organization answered "Yes" to Form 990,

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	on maintain re	cords to substantiate the	e 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?									
	(no granto or assistante: , , , , , , , , , , , , , , , , , , ,									
2	For grantmakers Dosesi	ha in Dart IV th	o organization	'a procedures for mander	ing the use of great fund	a autaida tha				
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. (Us	se Schedule F-	1 (Form 990) if	additional space is needed	1.)					
	(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				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>								
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Tota	als									

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

Schedule F (Form 990) 2009

JSA 9E1274 2 000 52-6055761

Page 2

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ■ Use Schedule F-1 (Form 990) if additional space is needed. Part II

(a) Name of organization (b) Name of organization (c) Figure (d) Pageon (d) P										
(4 sphicable) (6) Purpose of (9) Amount of (0) Manner of (0) Amount of (0) Manner of (0) Amount of (0) Manner of (0) Amount of (0) Clean (0) Amount of (0) Clean (0) C	(I) Method of valuation (book, FMV, appraisal, other)		i							
(4 sphicable) (6) Purpose of (9) Amount of (0) Manner of (0) Amount of (0) Manner of (0) Amount of (0) Manner of (0) Amount of (0) Clean (0) Amount of (0) Clean (0) C	(h) Description of non-cash essistance									
Section and Section (d) Purpose of Gash grant (d applicable) (e) Region (d) Purpose of Gash grant (d) grant (d) Gash grant (d)	(g) Amount of non-cash assistance						:			
Section and Eliv (c) Region (d) Purpose of grant (if applicable) (d) Purpose of grant	(f) Manner of cash disbursement									
Section and Eliv (c) Region (f) applicable)								:		
(if applicable)	(d) Purpose of grant									
	(c) Region									
(a) Name of organization	(b) IRS code section and EIN (if applicable)									
	(a) Name of organization									

npt		4
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

52-6055761

Page 3

Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement CHECK 10,000. (d) Amount of cash grant (c) Number of recipients (b) Region NORTH AMERICA (a) Type of grant or assistance DOCTORAL SCHOLARSHIP

.

Schedule F (F	orm 990) 2009	52-6055761	Page 4
Part iV	Supplemental Information		
	Complete this part to provide	the information required in Part I, line 2, and any additional information.	
			
			. _
			.
			- -
		·	
			-

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009
Open To Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION 52-6055761 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Internet and email solicitations f þ Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Sche Pa		G (Form 990 or 990-EZ) 2009 Fundraising Events. Comple	ete if the organization		55761 orm 990, Part IV, lin	 e 18. or		Page 2
		more than \$15,000 on Form	n 990-EZ, line 6a. Lis	t events with gross re	ceipts greater than	\$5,000.		_
			(a) Event #1 GOLF CLASSIC	(b) Event #2 CONVENTION	(c) Other Events	(add co	otal even	
_			(event type)	(event type)	(total number)	С	ol (c))	
Revenue	1	Gross receipts	78,368.	21,850.			100	,218
æ	2	Less [.] Chantable contributions		17,080.			18	,848
	3	Gross income (line 1 minus line 2)		4,770.			81	,370
	4	Cash prizes						
	5	Noncash prizes						
ses		Rent/facility costs			·			
Expen		Food and beverages						
Direct Expenses		Entertainment						
		Other direct expenses					65	,716
						,		716.)
	11	Direct expense summary. Add lines 4 Net income summary. Combine line 3	r through 9 in column (d) 3. column (d), and line 1	<i>)</i>		· · · · · ·		,654
	rt I	·	ganization answered "			orted mo		
		\$10,000 OH 1 OH 1 OO	<u> </u>	(b) Pull tabs/Instant	(c) Other gaming	(d) Tota	l gamıng	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming		rough co	
Şe						ĺ		
_	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes%	Yes%	Yes%			
	ľ	voidinger laber			1 140	· · · - · · ·		
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	▶	()
_	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7	<u> </u>			
9	F	nter the state(s) in which the organizal	tion operates daming ac	tratios		Г	Yes	No
		the organization licensed to operate of					a	
		"No," explain.						
	_		·					
		Vere any of the organization's gaming	licenses revoked, suspe	ended or terminated durin	ng the tax year?	10	0a	
1	וו כ	"Yes," explain:						
	_							
11 12		oes the organization operate gaming as the organization a grantor, beneficiar				1	1	┼
		ormed to administer charitable gaming?				1	2	<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

or spent in the organization's own exempt activities during the tax year > \$

SCHEDULEI (Form 990)

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

OMB No 1545-0047	
------------------	--

Open to Public

å

X Yes Employer identification number 52-6055761 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION Part I General Information on Grants and Assistance Department of the Treasury Name of the organization Internal Revenue Service

2 Describe in Part IV the organization's procedures for		onitoring the us	monitoring the use of grant funds in the United States.	le United States.			
Part II Grants and Other Assistance to Governm	to Governme	ents and Orga	ents and Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	ation answered "Ye	ss" to
Form 990, Part IV, line 21, for any recipient that received more Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipient 990) if additio	that received	≠ .	nan \$5,000. Check this box if	no one recipient re	eceived more than	\$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	15	(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 END-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
UNVERSITY OF TEXAS-DALLAS	75-1305566	501 (C) (3)	10,000.				RESEARCH GRANT
OUS 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	36-2684803		50,000.				CLINICAL RES GRANT
UNIVERSITY OF IOWA 2 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	and governmer	nt organizations					11
3 Enter total number of other organizations						•	0
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, se	e the Instructio	ns for Form 990.			Sche	Schedule I (Form 990) 2009

9E1288 2000 45830Y 649C 10/18/2010 2:07:37 PM

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. Schedule I (Form 990) 2009
Part III Grants an

(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	φ	60,000			
STUDENT RESEARCH GRANT IN AUDIOLOGY	1	2,000			
STUDENT RESEARCH GRANT IN EARLY CHILDHOOD LANGUAGE	1	2,000			
KLEFFWER AWARD	1		1,455.	FMV	CRYSTAL
TRAVEL GRANTS	S	3,738	-	le	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line SCH I PART IV	ete this part to	provide the info	ormation require	N	and any other additional information.
ASHFOUNDATION MAINTAINS	DOCUMENTATION TO	SUPPORT THE	E FOLLOWING:	GRANT	
DELINES AND ELIGIBILITY (GRANT	REVIEW AND S		ITERIA;	
AWARD DISBURSEMENT CORRESPONDENCE; FU	NDING	SUBSTANTIATI	SUBSTANTIATION. GUIDELINES AND	NES AND	
GRANT FUNDING NOTIFICATION STIPULATE	ATE_THAT_A	FINAL	REPORT OF THE CONDUCTED	NDUCTED	
GRANT WORK AND RESULTS IS DUE TO THE		VDATION UPON	ASHFOUNDATION UPON COMPLETION	OF THE	
GRANT PERIOD.					
	 		[
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Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

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

Department of the Treasury

Internal Revenue Service

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer Identification number 52-6055761

Questions Regarding Compensation Part I Yas No 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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. Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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? Х 5a b Any related organization? x 5b If "Yes" to line 5a or 5b, describe in Part III 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? х Х 6Ь if "Yes" to line 6a or 6b, describe in Part III. 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 Х 7 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from the organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	-							
	1_	(b) Breakdown of w	of W-2 and/or 1099-M3C compensation	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	131,2			63,07	8,706.	203,06	0
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	ε							
	(ii)							
	<u> </u> (e)	1				 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(ii)							
] (s)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(E)							
	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	(II)							
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	€							
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	⊞							
							Sch	Schedule J (Form 990) 2009

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer Identification number 52-6055761

OMB No 1545-0047

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) f determinii venues	ng
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		· <u> </u>				
8	Intellectual property		1	24,073.	COST		
9	Securities-Publicly traded		1	24,073.	C051		
10	Securities-Closely held stock		<u></u>				
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution-Historic	ŀ					
	structures						
14	Qualified conservation						
	contribution-Other		-			·	
15	Real estate-Residential						
16	Real estate-Commercial						
17	Real estate-Other			· · · · · · · · · · · · · · · · · · ·			
18	Collectibles	<u>x</u>	1	807.	COST		
19	Food inventory			007.	C031		
20	Drugs and medical supplies		·· · ·				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other ►()			<u> </u>			
20 27	Other ►()						
28	Other ►()						
29	Other ►() Number of Forms 8283 received b	<u></u>			 		
29	which the organization completed f				29		0
	which the organization completed i	-01111 0203, 1	Part IV, Donee Acknowled	gement	23	Yes	
30 2	During the year, did the organiza	tion receive	hy contribution any prop	orty reported in Best Liter	o 1 20 that	163	NO
JU 4	it must hold for at least three year						
	used for exempt purposes for the e				•	30a	x
h	If "Yes," describe the arrangement	-	pelious			304	+
31	Does the organization have a		tones nation that require	o the review of any	on standard		
J 1						24	l x
32-	contributions?	o third so-	os or rolated arganization		oll noncest	31	 -^
JZd	contributions?					32a	x
	If "Yes," describe in Part II.	• • • • • •				320	 ^
33	If the organization did not report re	nvonuce := -	volume (a) for a time of	morty for which columns (a)	\ in abankar		
	describe in Part II	evenues in C	ordining contor a type or pro	perty for which column (a	, is checked,		

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

Schedule M (Form 990) 2009

Schedule M ((Form 990) 2009	52-6055/61	Page 2
Part II		mplete this part to provide the information required by Part I, lines 30 part for any additional information.	b,
	·		
	-		
	· 		
		·	
	· 		
		·	
	·		
			-
			
			-
		· 	

SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service 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.

Page 2

Name of the organization

AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION

Employer Identification number 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 52-6055761 AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION ATTACHMENT 2 (CONT'D)

AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT	3		

A DE A CLIMENTO A

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 INC	COME			
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL REVENUE	RELATED OR EXEMPT REVENUE	UNRELATED BUSINESS REV.	EXCLUDED REVENUE
INTEREST AND DIVIDENDS	110,460.			110,460.
TOTALS	110,460.		- 3	110,460.
		ATTAC	CHMENT 5	
FORM 990, PART VIII - GAMING A DESCRIPTION	CTIVITIES			
CAPSCD RAFFLE		1,505	720.	785.
TOTALS		1,505.	720.	785.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

Open to Public 2009

▼ See separate instructions.

Employer Identification number 52-6055761 (f) Direct controlling entity

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.) (e) End-of-year assets (d) Exempt Code section (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity 53-0240474 AMERICAN SPEECH-LANGUAGE HEARING FOUNDATION (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Part II Part

(f) Direct controlling entity A/N N/A (e)
Public charity status
(if section 501(c)(3)) 11A 501 (C) (3) 501 (C) (6) Ω MD EDUCATIONAL MEMBERSHIP ROCKVILLE, MD 20850 53-0196545 MD 20850 NAT. ASSOC. FOR HEARING AND SPEECH ACT. 2200 RESEARCH BLVD ROCKVILLE, AMERICAN SPEECH-LANGUAGE-HEARING ASSN 2200 RESEARCH BLVD ROCKVII

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

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

ral or aging	Š					
(j) General or meneging partner?	Yes					
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						m 990, Part
(h) Disproportorals allocatora?	Yes No			 		s" on Fo
(g) Share of end-of-year assets						Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
(f) Share of total income						mplete if the organiz ation or trust during
(e) Predominant income (related, unralated, excluded from tax under sections	512-514)					ration or Trust (Col
(d) Direct controlling entity					1	able as a Corpo ed organizations
(c) Legal domicile (state or foreign	,					ions Tax ore relat
(b) Primary activity						elated Organizat
(a) Name, address, and EIN of related organization						Part V Identification of Re IV, line 34 because

(h) Percentage ownership		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Type of entity (C corp., S corp., or trust)		
Direct controlling (d) (ii)		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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.)

				1
Ž	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		P	
-	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?	Parts II–IV?		
~	Receipt of (i) interest (iii) annuities (iii) rovalties or (iv) rent from a controlled entity.		13	×
1	Giff grant (v)		1p	×
•	Office grant contains and the constraint of the constraint of the contains of		10 ×	
۰ ر	Only, grant, or capital contribution of all of the contributions of the contribution o		-	×
0	Loans or loan guarantees to or for other organization(s)		 	>
0	Loans or loan guarantees by other organization(s)		10	<u> </u>
			,	,
-	Sale of assets to other organization(s)		<u> </u>	\
5	Purchase of assets from other organization(s)		_f	×
ם ב	Explanate of strategy		£	×
= .	Exclained of assets		=	×
-	Lease of facilities, equipment, or other assets to other organization(s)			:
	l asso of facilities equinoment or other assets from other organization(s)		F	×
٠, ٢	Performance of services or membership or fundraising solicitations for other organization(s)		-	×
٠ -	Deformance of services or membership or fundralising explicit strains by other organizations (s)		× =	
_ 8	Channel of facilities equipment mailing in the or other accete	· · · · · · · · · · · · · · · · · · ·	×	
= 6	Chairing of haid amplaides		4n ×	
=	Chairing of paracritics and included and inc			
c	Reimbursement baid to other organization for expenses		10 X	1
, ,	Reimbursement hand by other organization for expenses		1p	×
1			1	\[\bar{\}\]
σ	Other transfer of cash or property to other organization(s)			× >
-	Other transfer of cash or property from other organization(s).		11	\
~	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	elationships and transa	action thresholds.	
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	
Ð	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	v	91,46	4.
(2)	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	ц	129,471	1.
(3)	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	Σ	87,529	9.
4	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	N	106,212	5.
(5)	AMERICAN SPEECH-LANGUAGE-HEARING ASSN	0	392,301	1.
1 9				
			Schedule R (Form 990) 2009) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, end EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section	(e) Share of end-of-vear	(f) Disproportionate		(h) General or managing
			501(c)(3) organizations?		86 V	of Schedule K-1 (Form 1065)	partner?
					-		
						Schedule R (Form 990) 2009	990) 2009