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▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning 07-01-2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ILLINOIS ACADEMY OF AUDIOLOGY		D Employer identification number 36-3976110
		Number and street (or P O box, if mail is not delivered to street address) 61 MARTIN LANE	Room/suite	E Telephone number (800) 963-4522
		City or town, state or country, and ZIP + 4 ELK GROVE VILLAGE, IL 60007		F Group Exemption Number

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ☐

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 150,790

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	129,820
	3	Membership dues and assessments	3	20,865
	4	Investment income	4	105
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0
	b	Less direct expenses other than fundraising expenses	6b	0
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ☐ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	150,790	
Expenses	10	Grants and similar amounts paid (attach schedule) ☐	10	4,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	7,091
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ☐ _____)	16	124,348
	17	Total expenses. Add lines 10 through 16	17	135,939
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,851
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	104,277
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	119,128

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

[illegible]

(A) Beginning of year		(B) End of year
104,277	22	119,128
	23	
	24	
104,277	25	119,128
	26	
104,277	27	119,128

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE MISSION IS TO PROMOTE AUDIOLOGY AS THE PRIMARY PROFESSION IN ILLINOIS FOR THE DELIVERY OF HEARING AND BALANCE CARE AND TO FACILITATE OUR MEMBERS' ABILITIES TO IDENTITY, DIAGNOSE, TREAT, AND PREVENT HEARING AND BALANCE DISORDERS THROUGH PROFESSIONAL EDUCATION, PUBLIC AWARENESS, AND RESEARCH INITIATIVES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of LOWERY MAYO Telephone no (800) 963-4522 61 MARTIN LANE Located at ELK GROVE VILLAGE, IL ZIP + 4 60007		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

50(f) Total number of other employees paid over \$100,000

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

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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-10-27 Date	
Paid Preparer's Use Only	LOWERY MAYO Co-Treasurer Type or print name and title			
	Preparer's signature	Joseph J Vlach	Date	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	McClure Inserra & Co Chtd 1650 N Arlington Heights Road 200 Arlington Heights, IL 60004			EIN Phone no (847) 870-0380
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

Additional Data

Software ID:

Software Version:

EIN: 36-3976110

Name: ILLINOIS ACADEMY OF AUDIOLOGY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 NEWSLETTER (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	
29 SCHOLARSHIPS (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	
30 MEMBERSHIP DIRECTORY AND MAILINGS (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	
EXHIBITORS AND PROFESSIONAL SPEAKERS (Grants \$) If this amount includes foreign grants, check here . . . ☐		
PROFESSIONAL MEMBERSHIP (Grants \$) If this amount includes foreign grants, check here . . . ☐		
ANNUAL CONVENTION (Grants \$) If this amount includes foreign grants, check here . . . ☐		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MAGGIE SIKORA 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 4 00	0		
KELLEN ROGAN GALLAGHER 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Treasurer 4 00	0		
LOWERY MAYO 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Treasurer 4 00	0		
CARLY SMITH 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
MARTINIQUE WOOD 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
KIM FRANZCYK 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
BLYTHE KITNER 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Vice President 2 00	0		
GINGER MULLIN 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
MARIE VETTER 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
DAVE GROESCH 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 4 00	0		
SHAWN CASTILLO 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Co-Vice Pres 2 00	0		
MEGAN MULVEY 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Vice President 2 00	0		
JOHN NELSON 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	President 4 00	0		
MICHAEL RAFFIN 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	Past President 4 00	0		
DEB PITCHER 61 MARTIN LANE ELK GROVE VILLAGE,IL 60007	President-Elect 4 00	0		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ILLINOIS ACADEMY OF AUDIOLOGY**EIN:** 36-3976110**Software ID:** 09000047**Software Version:** 2009v1.3

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	JAY VACHHANI
Donee's Address	15240 COTTONWOOD COURT ORLAND PARK, IL 60467
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	RACHEL SPECHT
Donee's Address	4243 N KEYSTONE AVENUE UNIT 2S CHICAGO, IL 60641
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIP
Donee's Name	KRISTEN HENSLIN
Donee's Address	708 S ADA STREET APT 3 CHICAGO, IL 60607
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SCHOLARSHIP
Donee's Name	BRYN SPEJCHER
Donee's Address	217 EDGEBROOK DRIVE BLOOMINGDALE, IL 60108
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	SCHOLARSHIP
Donee's Name	JUSTIN SALERNO
Donee's Address	2896 RESERVE COURT AURORA, IL 60502
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** ILLINOIS ACADEMY OF AUDIOLOGY**EIN:** 36-3976110**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
WEBSITE	3,250
SCIENCE FAIR	752
PUBLIC RELATIONS	623
OPERATIONS-NON EVENT	52
NEWSLETTER	3,910
MAuDS	1,441
LOBBYIST	15,500
LIABILITY INSURANCE	1,350
EVENT & SPONSORSHIP	5,733
CONTINUING EDUCATION	675
BOOKKEEPING EXPENSES	469
BOARD EXPENSES	190
BANK AND CREDIT CARD FEES	3,578
AWARDS AND MEMORIALS	307
ANNUAL CONVENTION	86,518