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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

D Employer identification number
62-1356696

E Telephone number
(703) 790-8466

F Group Exemption Number **►**

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

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

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

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **► \$ 235,344.**

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

1 Contributions, gifts, grants, and similar amounts received	1	191,830.
2 Program service revenue including government fees and contracts	2	0.
3 Membership dues and assessments	3	0.
4 Investment income	4	10,632.
5a Gross amount from sale of assets other than inventory	5a	0.
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	0.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ 34,181. of contributions reported on line 1)	6a	32,882.
b Less: direct expenses other than fundraising expenses	6b	44,365.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-11,483.
7a Gross sales of inventory, less returns and allowances	7a	0.
b Less: cost of goods sold	7b	0.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	190,979.
10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	166,365.
11 Benefits paid to or for members	11	0.
12 Salaries, other compensation, and employee benefits	12	0.
13 Professional fees and other payments to independent contractors	13	7,716.
14 Occupancy, rent, utilities, and maintenance	14	0.
15 Printing, publications, postage, and shipping	15	6,237.
16 Other expenses (describe ► See Other Expenses Statement)	16	75,306.
17 Total expenses. Add lines 10 through 16	17	255,624.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-64,645.
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	520,497.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	11,682.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	467,534.

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	416,535.	361,081.
23 Land and buildings	0.	0.
24 Other assets (describe ► See L-24 Stmt)	136,000.	136,100.
25 Total assets	552,535.	497,181.
26 Total liabilities (describe ► See L-26 Stmt)	32,038.	29,647.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	520,497.	467,534.

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

Form 990-EZ (2009)

9-9 20

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

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

Expenses

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

28 SEE ATTACHED STATEMENT B(Grants \$ **166,365.**) If this amount includes foreign grants, check here ☐**28a 203,660.****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)**32 203,660.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

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

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b 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		X
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		X
41 List the states with which a copy of this return is filed		

42a The organization's books are in care of **THE ORGANIZATION** Telephone no **(703) 790-8466**
Located at **11370 PLAZA AMERICA DRIVE RESTON VA** ZIP + 4 **20190**

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

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country

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

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	X	
b If 'Yes,' was the related organization a section 527 organization?		X

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.'

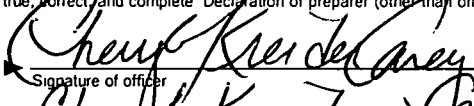
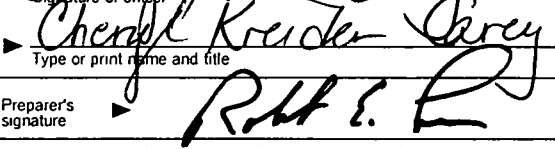
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>5.13.11</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>5/13/11</u>	
	Preparer's signature		Check if self-employed <input checked="" type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Lane & Company, CPAs</u> <u>1920 N Street NW, Ste 320</u> <u>Washington DC 20036</u>		Preparer's Identifying Number (See instructions) EIN <u>62-1356696</u> Phone no <u>(202) 463-6500</u>	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION

Employer identification number

62-1356696

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

h Provide the following information about the supported organizations

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants'.)	193,110.	210,805.	247,800.	276,972.	191,830.	1,120,517.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	193,110.	210,805.	247,800.	276,972.	191,830.	1,120,517.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	35,000.	85,000.	148,500.	192,100.	116,000.	576,600.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	35,000.	85,000.	148,500.	192,100.	116,000.	576,600.
8 Public support (Subtract line 7c from line 6.)						543,917.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	193,110.	210,805.	247,800.	276,972.	191,830.	1,120,517.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,131.	9,633.	26,465.	26,661.	10,632.	80,522.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,131.	9,633.	26,465.	26,661.	10,632.	80,522.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,201,039.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	45.29 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	49.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6.70 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	6.96 %

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

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

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

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

REVENUE		(a) Event #1 <u>SILENT AUCTION</u> (event type)	(b) Event #2 <u>ANNUAL DONOR EVENT</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	41,307.	24,300.		65,607.
	2 Less Charitable contributions	28,431.	5,750.		34,181.
	3 Gross income (line 1 minus line 2)	12,876.	18,550.		31,426.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	28,431.	346.		28,777.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,516.	13,072.		15,588.
	10 Direct expense summary Add lines 4- through 9 in column (d)				44,365.
	11 Net income summary Combine lines 3, column (d) and line 10				-12,939.

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

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

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

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

b If 'No,' explain

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

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

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

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

15a**17a**

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION

Employer Identification No

62-1356696

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	136,000.	136,100.
Totals to Form 990-EZ, Part II, line 24	136,000.	136,100.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	32,038.	29,647.
Totals to Form 990-EZ, Part II, line 26	32,038.	29,647.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

ADVERTISING	<u>2,092.</u>
BANK FEES	<u>2,571.</u>
DESIGN	<u>7,400.</u>
TELEPHONE	<u>1,228.</u>
PRODUCTION COST	<u>3,286.</u>
TRAVEL	<u>15,127.</u>
MEALS & ENTERTAINMENT	<u>6,284.</u>
HONORARIUMS	<u>5,600.</u>
PROMOTIONAL ITEMS	<u>5,865.</u>
MISCELLANEOUS	<u>7,803.</u>
APPLIED OVERHEAD	<u>13,649.</u>
DUES & SUBSCRIPTIONS	<u>380.</u>
GIFTS	<u>4,021.</u>
Total	<u><u>75,306.</u></u>

Form 990-EZ, Page 2, Part IV

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

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

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment

SEE ATTACHED SCHEDULE OF GRANTS PAID

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input type="checkbox"/> Person <input type="checkbox"/>		
			166,365.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	11,682.
Total	11,682.

American Academy of Audiology Foundation

EIN#: 62-1356696

2009 Form 990-EZ

Page 1, Line 10 – Schedule of Grants Paid

Page 1 of 2

Accreditation Commission for Audiology Education

1718 M Street, NW #297

Washington, DC 20036

Amount Paid: \$ 10,000

Purpose: University recruitment of audiology program accreditation

American Academy of Audiology

11730 Plaza America

Reston, VA

Amount Paid: \$ 5,000

Purpose: Public awareness/interactive “DiscovEARy Zone” exhibit for youth and families

American Board of Audiology

11730 Plaza America

Reston, VA 20190

Amount Paid: \$ 48,456

Purpose: Pediatric audiology practice analysis

East Carolina University

Researcher: Jessica Pierce

2200 South Charles Blvd.

Greenville, NC 27858

Amount Paid: \$ 4,605

Purpose: Research grant funding

National Hearing Conservation Association

3030 West 81st Avenue

Westminster, CO 80031

Amount Paid: \$ 3,500

Purpose: Research grant funding/scholarships

Research Foundation of SUNY/University of Buffalo

Researcher: Kathleen McNerney

402 Crofts hall

Buffalo, NY 14260

Amount Paid: \$ 9,874

Purpose: Research grant funding

Student Academy of Audiology

11730 Plaza America

Reston, VA 20190

Amount Paid: \$ 44,362

Purpose: Grant for student education track at convention

American Academy of Audiology Foundation
2009 Form 990-EZ
Page 1, Line 10 – Schedule of Grants Paid
Page 2 of 2

EIN#: 62-1356696

Syracuse University
Researcher: Jamie Desjardins
113 Bowne Hall
Syracuse, NY 13244
Amount Paid: \$ 5,000
Purpose: Research grant funding

University of Tennessee Health Science Center
Researcher: Ji Young Li
62 South Dunlap
Memphis, TN 35168
Amount Paid: \$ 2,500
Purpose: Research grant funding

Vanderbilt University
Researcher: Christopher Spankovich
602 Oxford House
1313 21st Avenue South
Nashville, TN 37232
Amount Paid: \$ 5,000
Purpose: Research grant funding

Washington University at St. Louis
Researcher: Laura Czarniak
660 S. Euclid Avenue
St. Louis, MO 63110
Amount Paid: \$ 2,500
Purpose: Research grant funding

Wayne State University
Researcher: Zhengqing Hu
5057 Woodward/13 Floor
Detroit, MI 48202
Amount Paid: \$ 10,000
Purpose: Research grant funding

American Academy of Audiology Foundation
2009 FORM 990-EZ

EIN #: 62-1356696

STATEMENT OF EXEMPT PURPOSE

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

Research Grants Program: (Grants of \$50,129; Total Expenses of \$55,243) Twelve grants were made in amounts ranging from \$10,000 to \$500 on research conducted on topics in the hearing and balance sciences. Several grants were made to PhDs working in university settings and others were made to graduate and undergraduate students. The objective of the grants and awards is to encourage next-generation researchers, and promote evidence-based practices in audiology. No revenue was generated for the Foundation from the research grants programs.

Pediatric Audiology: (Grants of \$49,456; Total Expenses of \$61,794) The objective of the Foundation's program in pediatric audiology is to fund various initiatives that enhance hearing care for infants and children. The Marion Downs Lecture in Pediatric Audiology provides an educational forum that features an annual presentation by a leading researcher in pediatric hearing science that is attended by several hundred audiologists during the AudiologyNOW convention. The Foundation also funds free on-demand viewing in a Web seminar format of the presentation that is available to hearing healthcare providers internationally. The Hearing Assistance Technology DVD was developed to provide pediatric audiologists with step-by-step guidelines on remote microphone technologies for children and youth, and over 1,200 DVDs were distributed at no charge. Support was also provided for the ongoing development of the pediatric audiology practice analysis. This analysis supports the development an up-to-date description of the work of pediatric audiologists: what they do, tasks performed, types of patients treated, abnormalities/ailments observed and treated, conditions encountered, etc. This information will be used by the Foundation and other organizations as a resource when educational offerings are developed, reviewed and/or funded.

Audiology Education: (Grants of \$56,880; Total Expenses of \$66,282) A grant to the Accreditation Commission for Audiology Education provided funding that supported university recruitment to the audiology accreditation process that recognizes, reinforces, and promotes the highest quality in Au.D. educational programs through a rigorous verification process. Funding was also provided to the Student Academy of Audiology to support educational programs they developed in partnership with the AudiologyNOW program committee. This funding financed a student-track of "beginner-level" seminars (over 30 sessions) on topics such as auditory neuropathy, vestibular system assessment, geriatric audiology, and effects of classroom sound field amplification systems on children. The Foundation also provides \$500 travel grants to graduate students to support their participation in professional meetings (National Hearing Conservation Association, American Auditory Society, etc.) that enhance and supplement traditional college classroom and clinical educational experience through the STAR (Student Travel Award Reimbursement) Program. Additionally the Foundation funds science fair awards for secondary school students who participate in state and regional science fairs and who conduct research on topics in hearing and/or balance.

Other: (Grants of \$9,900; Total Expenses of \$20,341) Public awareness campaigns aimed at hearing conservation and hearing loss prevention, and member assistance programs.

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION	62-1356696
	Number, street, and room or suite number. If a P.O. box, see instructions	
	11730 PLAZA AMERICA DRIVE, #300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	RESTON	VA 20190-4798

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **AMERICAN ACADEMY OF AUDIOLOGY, INC.**

Telephone No ► **(703) 790-8466** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Feb 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning **Jul 1**, 20 **09**, and ending **Jun 30**, 20 **10**.

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

3a \$ **0.**

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ **0.**

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

3c \$ **0.**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number 62-1356696 For IRS use only
	AMERICAN ACADEMY OF AUDIOLOGY FOUNDATION	
	Number, street, and room or suite number. If a P.O. box, see instructions	
	11730 PLAZA AMERICA DRIVE, #300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	RESTON VA 20190-4798	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ THE ORGANIZATION
Telephone No. ☒ (703) 790-8466 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May 16, 20 11
- 5 For calendar year _____, or other tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ RAH S. E Title ☒ CPA Date ☒ 2/10/11