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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

OMB No. 1545-0047

2009

Open to Public Inspection

lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2009, and ending JULY 31For the 2009 calendar year, or tax year beginning AUGUST 01 .2010 B Check if applicable C Name of organization Speech Path & Audio in La School Employer Identification number Please USA IRS Doing Business As 72-1425339 Address change label or print or Number and street (or P O. box if mail is not delivered to street address) E Telephone number Name change type. (337)269-1583 218 Rue Beauregard - Ste H Initial return See Specific City or town, state or country, and ZIP + 4 Terminated G Gross Instruc Lafayette LA 70508 69,924 Amended return tions. receipts \$ Yes X Application pending Name and address of principal officer. H(a) Is this a group return for affiliates? No No Yes H(b) Are all affiliates included? Tax-exempt status X 501(c)(6) (insert no.) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: ▶ N/A H(c) Group exemption number > K Form of organization Trust Association L Year of formation M State of legal domicile Corporation Other > Part I Briefly describe the organization's mission or most significant activities: Education and instruction in speech pathology and audiology Louisiana schools. OVERN Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ... 19 ANC Number of independent voting members of the governing body (Part VI, line 1b) 19 Total number of employees (Part V, line 2a) . . 5 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII- column (C), line_12 7a Net unrelated business taxable income from Form 990 计简单图片 0 **Prior Year Current Year** REVENUE Contributions and grants (Part VIII, line 1h) . 68,430 9 Program service revenue (Part VIII, line 2g) 109,039 10 Investment income (Part VIII, column (A), lines 3, 4-and 7d) 1,551 1,494 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, (C) (1) (10) 11 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A 110,590 69,924 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . . . 13 14 Benefits paid to or for members (Part IX, column (A), line 4) EXPERSES Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 105,252 107,240 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 105,252 107,240 -37,316 Revenue less expenses Subtract line 18 from line 12 5,338 19 **End of Year** Beginning of Current Year O R 107,625 70,309 20 Total assets (Part X, line 16) . . . 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 107,625 70,309 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 Signature of officer Date Judith Newman Treasurer Type or print name and title Checkif Preparer's Date Preparer's identifying number (see instr.) selfemployed 🎶 signature Paid Ellis Bordelon EIN Firm's name (or vours Preparer's 218 Rue Beauregard if self-employed), **Use Only** Phone no. \triangleright (337) 269-1583 Lafayette, LA 70508 address, and ZIP + 4

(SCANNED APR

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

Form	990 (2009)			-1425339	Page 2
Par		tement of Program Service Acco	mplishments		
1		cribe the organization's mission			_
			on in speech path	ology and audiology	<u>in</u>
	Louisi	ana schools.			
		· - · · · · · · · · · · · · · · · · · ·			
2	_		program services during the year v	_	1 (2)
					Yes X No
		scribe these new services on Sche			
3	_	_	ke significant changes in how it con		1 .
	services?				Yes 🛚 No
_		scribe these changes on Schedule			
4	Section 50	1(c)(3) and 501(c)(4) organizations	or each of the organization's three li and section 4947(a)(1) trusts are re and revenue, if any, for each progra	argest program services by expenses. quired to report the amount of grants in service reported.	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	`				
4b	(Code) (Expenses\$	including grants of \$) (Revenue \$)
				,	
					
4c	(Code) (Expenses\$	including grants of \$) (Revenue\$)
					- · · · · · · · · · · · · · · · · · · ·

4d	Other prod	gram services. (Describe in Schedu	le O.)		
	(Expenses		ling grants of \$) (Revenue \$)
4e		gram service expenses > \$, , , , , , , , , , , , , , , , , , , ,	

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A. ,	1		X
2	ls the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part i	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II N/A	4		
5	Section 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
	nght to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		- 21
·		8		X
9	complete Schedule D, Part III	-		
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		_		v
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		v
44	If "Yes," complete Schedule D, Part V		-	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or			7,7
_	X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			[
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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'	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1)
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	}		1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ŀ	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		Х
			200	

Checklist of Required Schedules (continued)

Park IV

Yes No 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 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Χ 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," Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . N/A24b c 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 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Χ disqualified person during the year? If "Yes," complete Schedule L, Part I ... 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," 25b Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.... 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 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 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ... Χ 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 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 Х

Part	V Statements Regarding Other IRS Filings and Tax Compilance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 0			1
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	[1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		Ī
	gaming (gambling) winnings to prize winners?	1c	}	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			Ī
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		
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	1	}	
	account)?	4a	ļ	X
b	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			
En	Financial Accounts	ļ_	1	3,
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		X
·	Political Total Control of the		•	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c	 	₩-
-	solicit any contributions that were not tax deductible?	6a	1	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 00		+ A
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	55		<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	and services provided to the payor? , , ,	7a	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		\top
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	<u> X</u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			1
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			ļ.,
9	Sponsoring organizations maintaining donor advised funds.	8	ļ	X
a	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	X
10	Section 501(c)(7) organizations. Enter.	35		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders]	‡
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		[、
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
JVA	09 99056 TWF 33397 Copyright Forms (Software Only) ~ 2009 TW	Form	990	(2009

72-1425339 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to Part VI line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Secti	on A. Governing Body and Management											
4.	E desdie monte on the control of the		1.0	F	Yes	No						
1a L		1a	19									
ь		1b	19									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					٠,						
	any other officer, director, trustee, or key employee?		• • •	2		X						
3	Did the organization delegate control over management duties customarily performed by or under	•				٠,,						
_	supervision of officers, directors or trustees, or key employees to a management company or other	•		3		X						
4	Did the organization make any significant changes to its organizational documents since the prior		as filed?	4		X						
5	Did the organization become aware during the year of a material diversion of the organization's as	ssets?	• •	5		Х						
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		7a		Х						
_	of the governing body?											
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?											
8	5 , , , , , , , , , , , , , , , , , ,											
	the year by the following:			1		х						
a												
b												
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at th	ne									
O 11	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	<u> </u>	9a		X						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Revenue Co	ode)									
40-	Describe an amount of the describer A. H. H. (5) 4. 6				Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?			10a		X						
Ь	If "Yes," does the organization have written policies and procedures governing the activities of sur		3T / 3									
44	affiliates, and branches to ensure their operations are consistent with those of the organization?		.N/A	10b		<u> </u>						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	re tiling the										
44-	form?		•	11		X						
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that of	ould give	37 / 3									
_	rise to conflicts?	15 (0.7 1)	N/A	12b								
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?	•	NT / 7									
40	describe in Schedule O how this is done	• •	N/A	12c								
13	Does the organization have a written whistleblower policy?	•		13		X						
14	Does the organization have a written document retention and destruction policy?	• •		14		Χ						
15	Did the process for determining compensation of the following persons include a review and appropriate appropriate persons and appropriate persons are processed as a part of the process for determining compensation of the following persons include a review and appropriate persons are processed as a part of the process for determining compensation of the following persons include a review and appropriate person and appropriate person are personal person and appropriate person and appropriate person and appropriate person are personal person and appropriate person appropriate person and appropriate person appropriate person appropriate person appropriate person appropriate person appropriate person appropriate	•	_									
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision	on	45-								
a	The organization's CEO, Executive Director, or top management official?		• •	15a		X						
b	Other officers or key employees of the organization?	• • • • •		15b	ļ							
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	anmer*										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement		40-		- V						
l.	with a taxable entity during the year?	ough,	• •	16a		X						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to e											
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to	_	NT / 7A	466	:	ŧ						
Secti	the organization's exempt status with respect to such arrangements?	<u> </u>	IV/ A	16b	l	L						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	00-T (50±(a)(3)e only									
10	available for public inspection. Indicate how you make these available. Check all that apply.	,o−ı (o∪ı(c)(uja uniyj									
10		to conflict -4	Intorest									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documen	is, confilict of	meresi									
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the book	e and record	e of the									
20	organization: See attachment #1	and record	o Oi ule									

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) Name and Title	(B) Average	Po	sition	(Check		at apply)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable	(F) Estimated
	hours per week	INDIVECTOR INDIVIDUAL	T R U S T E E	O F F I C E R	KEY EE	I-GIEST	F OR MER		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations

Pari	VII Section A. Officer	s, Director	s, Truste	ees, K	ey En	ploye	es, and	Highe	est Compensated E	mplovees (continue	ed)		uge
	(A)	(B)	Ī		· (0				(D)	(E)	T	(F)	
	Name and title	Average	Po	sition	(check	all th	at apply))	Reportable	Reportable	E	stimat	ed
		hours	ITD	ΙŢ	P	K E E M Y P	H C E I O M	F	compensation	compensation	a	mount	of
		per		N R S U T S	OFF-CER	K E E M Y P	GMP	R	from	from related		other	
		week	DUR ISE VTC IET	įįį	ç	ļ	EEO	M E A	the	, organizations	4	npens	
			DEO	T E	Ŕ	0 Y E E	E E Y S N Y T S E	, n	organization (W-2/1099-MISC)	(W-2/1099-MISC	·	rom th	
			Ă O ''	i		-	1 1		(VV 2/ 1099 WIISC)		1	ganıza ıd rela	
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							•						
1b	Total					<u> </u>					+		
2	Total number of individuals	(including	but not l	ımıted	to the				received more than	1 \$100,000 in repor	table co	mpen	sation
	from the organization >							•		,			
		_	-							•		Yes	s No
3	Did the organization list an									ted:			
	employee on line 1a? If "Yo										. 3		X
4	For any individual listed on												Ī
	the organization and relate									such			1
-											. 4	 	X
5	Did any person listed on lir services rendered to the or												1,
Section	on B. Independent Contract		11 165,	COITI	Jiete S	crieat	ile o lor	sucn p	berson		5	Ш_	X
1	Complete this table for you		st comp	ensate	d inde	nende	ent contr	actors	that received more	than \$100,000 of			
-	compensation from the org					, p 0u.			tilat 1000ilou ilioto	ιπαπ φτου,σσο στ			
		(A)		•					(B)			(C)	
	Name ar	nd business	address	;					Description of se	ervices		ensat	IOD
2	Total number of independe				but no	t limite	d to tho	se liste	ed above) who recei	ved more than		***************************************	
	\$100,000 in compensation	from the or	ganızatıc	n ▶		-							
	00 00070 THE STAGE												_

		- Catoment of Never	iuo	·····	······································	1 /8\	753	, A.	(5)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns .		1a			t t		
OFF	ь	Membership dues	[1b		1	Į .	1	‡
OFH	С	Fundraising events	l	1c				ł	<u> </u>
R G S		Related organizations.		1d]	1	
BAM		Government grants (contril		1e		1			
-M-LAR	i .		· •		····· ,	1		-	
	'	All other contributions, gifts similar amounts not include	s, grants, &	1 f					•
0 A A A N M S D T	_	Noncash contributions included		\$		ł	<u> </u>	1	
SDM		Total. Add lines 1a-1f	in lines la-ir	Ф		1	}		ł
<u>s</u>	-"	Total. Add lines 12-11	<u> </u>	• • •	Posts and Octo				<u> </u>
P R	2-	Momb Duog / Dwg	awam Da		Business Code		1	1	
R O S	ı	Memb Dues/Pro	gram re	58		68,430			
ĞE RRR	b								
ΑVΕ	Ι.							<u> </u>	
MIA	a		<u>.</u>						
CE EN									
U	1	All other program service re							
E	g	Total. Add lines 2a-2f	·		<u></u> . ▶	68,430			
	3	Investment income (includi	ng dividends,	ıntere	st, and				
		•			· · · · · · · · •	1,494	1,494		
	4	Income from investment of	tax-exempt be	ond p	roceeds >				
	5	Royalties			>				
		_	(ı) Real		(II) Personal		2		
	l	Gross Rents ,						•	
	ı	Less rental expenses							
	ı	Rental income or (loss)					,	•	
	d	Net rental income or (loss)			>				
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	s	(II) Other			-	
	ь	Less cost or other basis			····		3		
		and sales expenses					-		
0	c	Gain or (loss)	 				1		
T		Net gain or (loss)				=	,		
H		Gross income from fundral		· · · i			<u> </u>		
R		events (not including \$	3				}		
		of contributions reported of	n line 1c).	-					
R		See Part IV, line 18	•	. a			į.		
E V	b	A control of the cont		. ь			()		
E	С	Net income or (loss) from f		· .					
N		Gross income from gaming			· · · · · · · · · · · · · · · · · · ·				
U E		Part IV, line 19		а			رده د		
_	b	Less direct expenses .		ь			,		
	C	Net income or (loss) from g	jaming activitie	ıs '				-	
	10a	Gross sales of inventory, le	SS			·	`		
		returns and allowances		a					
	ь	Less: cost of goods sold .		ь					
	O	Net income or (loss) from s	ales of invento	ry .			,		
		Miscellaneous Rev	enue		Business Code				
	11a								
	Ь			_ [
	С			[
				[
		Total. Add lines 11a-11d			▶				
	12	Total revenue. See instruc	tions		, ▶	69,924	1,494		

Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not requ		olumns (B), (C), and	(D).
Do no	Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b, 8b	9b, and 10b of Part VIII.	Total expenses	expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			3	
	organizations in the U.S. See Part IV, line 21			1	
2	Grants and other assistance to individuals in		-		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			:	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			3	
5	Compensation of current officers, directors,			1	
•	American III				
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
Ū			1		
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
0	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	1,100		1,100	
d	Lobbying	8,375	8,375		
е .	Professional fundraising services. See Part IV, line 17			Ş.	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,141		2,141	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,901	56,901		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	364		364	
23	Insurance			,	
24	Other expenses. Itemize expenses not			1	
	covered above (Expenses grouped together			į	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)			,	
а	Speaker Fees/Travel	14,145	14,145		
b	Travel/Board Expenses	13,777		13,777	
C	Scholarships	7,000	7,000		
d	Clerical/Secretarial	2,078		2,078	
e	Newsletter	1,286	1,286		
f	All other expenses #2	73		73	
25	Total functional expenses. Add lines 1 through 24f	107,240	87,707	19,533	
26	Joint costs. Check here ▶ If following SOP 98-2		<u> </u>		
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				
JVA	09 99010 TWF 33402 Copyright Forms (Software Only) -	2009 TW		· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)

irt)	(Balance Sheet			
	_	· · · · · · · · · · · · · · · · · · ·	(A)		(B)
			Beginning of year		End of year
	1	Cash non-interest bearing	7,446	1	4,320
:	2	Savings and temporary cash investments	97,598	2	63,772
;	3	Pledges and grants receivable, net		3	
- -	4	Accounts receivable, net	1,670	4	1,670
	5	Receivables from current and former officers, directors, trustees, key			
- [employees, and highest compensated employees Complete Part II of		1 1	
		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	,	1 1	
		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges		9	
1	0 a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a 1,898		1	
	ь	Less: accumulated depreciation 10b 1,351	911	10c	547
Ī		Investments publicly traded securities		11	
- 1		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)	107,625	16	70,309
\top	17	Accounts payable and accrued expenses		17	
-	18	Grants payable		18	
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	
	20	Tax-exempt bond liabilities		20	
				21	
- 1		Payables to current and former officers, directors, trustees, key		1	
.		employees, highest compensated employees, and disqualified			
.		persons Complete Part II of Schedule L	i '	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
		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	10	26	0
+		Organizations that follow SFAS 117, check here ▶ 🂢 and	,	1	
- }		complete lines 27 through 29, and lines 33 and 34.		1	
F	27	Unrestricted net assets	107,625	27	70,309
N		Temporarily restricted net assets		28	<u></u> <u></u> -
D		Permanently restricted net assets		29	
в		Organizations that do not follow SFAS 117, check here		1 1	······································
<u> </u>		and complete lines 30 through 34.		1	
A	30	Capital stock or trust principal, or current funds	,	30	
N C		Paid-in or capital surplus, or land, building, or equipment fund		31	
F		Retained earnings, endowment, accumulated income, or other funds		32	
ร		Total net assets or fund balances	107,625	33	70,309
3			1 10/,040	1 00	, , , , , ,

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .

TWF 33421

the Single Audit Act and OMB Circular A-133?

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Form **990** (2009)

Х

За

N/A

BOOKS ARE IN CARE OF

Attachm	nent	1:	Form	990	Pag	e 6,	Part	: VI,	Section	n C, Li	ne 20		
· Open to Pub	lic										<u> </u>		
Inspection		For ca	ilendar y	ear 200	9 or tax	period l	beginning	g 0	8-01	, and endi	ng 0′	7-31-201	0
Name of Organia			Audi	o in	La	Scho	ols.	Inc.				er Identification 425339	n Number
Part VI - Line													
Individual Nar or Business Nan					,	• • • • •			Judith	Newman			
Street Addres	ss ,.								1705 N	Sibley	Sit, Mo	etairie,	LA
U S Address Zip co or Foreign Addre	ode	7000)3		Cıty	·					State		
City													
Provi	nce or	State			• • -					·		<u>.</u>	
Cour	ntry												
Posta	al code				<i>.</i>								
Phon	e Numi	ber		• • • •								(504)46	6-4733
Fax N	Number			• • • • • •				••••	. ,,,,,				

SCHEDULE OF OTHER EXPENSES

Attachment 2: Form 990 Page 10, Line 24 - Other Expenses

Open to Public • Inspection For calendar year 2009 or tax period beginning 08 - 01 - 2009, and ending 07-31-2010. Name of Organization **Employer Identification Number** Speech Path & Audio in La Schools, Inc. 72-1425339 (B) Program (C) Management Other Expenses (A) Total (D) Fundraising and General Services Bank Charges 73 73 73 Total

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return

Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates Identifying number Speech Path & Audio in La SchoFOR FORM 990 72-1425339 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. \$250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$800,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-....... 4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 250,000 (a) Description of property (b) Cost (busn use only) 7 Listed property Enter the amount from line 29 . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.......... 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 250,000 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010, Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . 364 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (g) Depreciation (d) Recovery (e) (f) Method (a) Classification of property year placed in (business/investment use penod Convention deduction sėrvice only -- see instructions) 19a 3-year property 5-year property 7-year property 10~year property 15-year property 20-year property g 25-year property 25 yrs. S/L MM S/L 27 5 yrs. Residential rental S/L property MM 27 5 yrs. 39 yrs MM S/L Nonresidential real property MM S/L Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28, 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . 364 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs