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Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____, 2010, and ending _____, 20____

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE MINNESOTA ACADEMY OF AUDIOLOGY

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 20103

City or town, state or country, and ZIP + 4

BLOOMINGTON MN 55420

D Employer identification number

41-1779290

E Telephone number

612-273-7363

F Group Exemption

Number ▶ N/A

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

Website: ▶ www.minnesotaaudiology.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 78,826

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
1	Revenue	
2	Expenses	
3	Changes in Net Assets or Fund Balances	
4	Total	

Check if the organization used Schedule O to respond to any question in this Part I ☐

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received		
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income		
5a	Gross amount from sale of assets other than inventory 5a		
b	Less: cost or other basis and sales expenses 5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
6	Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		
7a	Gross sales of inventory, less returns and allowances 7a		
b	Less: cost of goods sold 7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		
8	Other revenue (describe in Schedule O) 8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		
10	Grants and similar amounts paid (list in Schedule O)		
11	Benefits paid to or for members		
12	Salaries, other compensation, and employee benefits		
13	Professional fees and other payments to independent contractors		
14	Occupancy, rent, utilities, and maintenance		
15	Printing, publications, postage, and shipping		
16	Other expenses (describe in Schedule O)		
17	Total expenses. Add lines 10 through 16 ▶ 17		
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		
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		
20	Other changes in net assets or fund balances (explain in Schedule O) 20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,675	22 114,807
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	84,675	25 114,807
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,675	27 114,807

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SCHEDULE O

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

28		
(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 (describe in Schedule O)		
(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.)Check if the organization used Schedule O to respond to any question in this 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
SHANNA ALLEN BLOOMINGTON MN 55420	PRESIDENT 2	0	0	0
KENT COLLINS BLOOMINGTON MN 55420	PAST PRESIDENT 2	0	0	0
SHILPI BANERJEE BLOOMINGTON MN 55420	PRESIDENT ELECT 2	0	0	0
SARAH CERNEY BLOOMINGTON MN 55420	TREASURER 2	0	0	0
SHIRLEY FORS BLOOMINGTON MN 55420	DIRECTOR 1	0	0	0
JOHN COVERSTONE BLOOMINGTON MN 55420	DIRECTOR 1	0	0	0
JUSTYN PISA BLOOMINGTON MN 55420	DIRECTOR 1	0	0	0
JOSIE HELMBRECHT BLOOMINGTON MN 55420	DIRECTOR 1	0	0	0
KATIE GRIFFIN BLOOMINGTON MN 55420	DIRECTOR 1	0	0	0
KIRSTEN ANDENAS BLOOMINGTON MN 55420	STUDENT DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		N/A
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?		N/A
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
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 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
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 N/A		
42a The organization's books are in care of SARAH CERNEY Telephone no. 701-232-3241 Located at 1106 44TH AVE N FARGO ND ZIP + 4 58102		
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)?		X
If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country N/A		
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 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions).
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as 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?
- b** 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."

	Yes	No
47		
48		
49a		
49b		

(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

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

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. **▶** ☐ Yes ☐ No

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

Sarah Cerney
Signature of officer

Date

Sarah Cerney, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BETHANY A KETCHUM

Preparer's signature

B. Ketchum

Date

05/11/2011

Check ☐ if self-employed

PTIN

P01370749

Firm's name **▶** SCHMITZ & KETCHUM PA

Firm's EIN **▶** 41-1771683

Firm's address **▶** 600 25TH AVE S #102 ST CLOUD MN 56301

Phone no 320-251-7444

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

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE MINNESOTA ACADEMY OF AUDIOLOGY

Employer identification number

41-1779290

FORM 990-EZ PART I LINE 8-OTHER REVENUE

ADVERTISING \$ 50

AUDIOLOGY AWARENESS 6,608

CONTINUING EDUCATION 17,515

SPONSORSHIP 28,455

TOTAL \$52,628

FORM 990-EZ PART I LINE 16-OTHER EXPENSES

ADMINISTRATOR \$ 6,340

BANK CHARGES 160

CREDIT CARD FEES 1,598

LIABILITY INSURANCE 1,867

LOBBYIST 8,000

OFFICE SUPPLIES 213

LOGO DEVELOPMENT 2,000

TELEPHONE 552

AWARDS/HONORS 203

AUDIOLOGY AWARENESS 2,363

CONTINUING EDUCATION 24,380

OTHER 180

TOTAL \$47,856

FORM 990-EZ PART I LINE 4-INVESTMENT INCOME

INTEREST \$ 21

DIVIDENDS 600

UNREALIZED GAIN 2,362

TOTAL \$2,983

Name of the organization

THE MINNESOTA ACADEMY OF AUDIOLOGY

Employer identification number

41-1779290

FORM 990 PART III

EXEMPT PURPOSE

THE MINNESOTA ACADEMY OF AUDIOLOGY IS ORGANIZED FOR THE PURPOSE OF PROMOTING THE PUBLIC GOOD BY FOSTERING THE GROWTH, DEVELOPMENT, RECOGNITION AND STATUS OF THE PROFESSION OF AUDIOLOGY AND ITS MEMBERS IN MINNESOTA AND NEIGHBORING STATES. THE MINNESOTA ACADEMY OF AUDIOLOGY IS A STATE AFFILIATE OF THE AMERICAN ACADEMY OF AUDIOLOGY. THE ACTIVITIES OF MAA INCLUDE, BUT ARE NOT LIMITED, TO THE FOLLOWING:

GOVERNMENTAL AFFAIRS:

THE GOVERNMENTAL AFFAIRS COMMITTEE MONITORS LEGISLATIVE AND OTHER GOVERNMENTAL ACTIVITY IN THE STATE AND ACTIVELY ADVOCATES ON ISSUES RELATED TO AUDIOLOGY, MAA RETAINS THE SERVICES OF A LOBBYING FIRM FOR THIS PURPOSE.

CONTINUING EDUCATION:

MAA PROVIDES CONTINUING EDUCATION OPPORTUNITIES FOR ITS MEMBERS IN THE FORM OF SEMI-ANNUAL EDUCATIONAL MEETINGS.

AUDIOLOGY AWARENESS:

MAA SEEKS TO INCREASE PUBLIC AWARENESS OF THE PROFESSION OF AUDIOLOGY THROUGH THE NEWS MEDIA AND OTHER INFORMATION DISSEMINATION OPPORTUNITIES.

INFORMATION DISSEMINATION:

MAA PROVIDES INFORMATION TO ITS MEMBERS ON MATTERS RELATED TO AUDIOLOGY THROUGH ITS QUARTERLY NEWSLETTER, MAILINGS, AND BUSINESS MEETINGS.