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DLN: 93493269007181

1

Department of the Treasury

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 1545-0047

Internal	Revenue	e Service	► The organization may have	ve to use a copy o	f this return to satisf	y state report	ıng requirer	nents	Inspection		
A Fo	r the		lendar year, or tax year begir	ning 01-01-2010	and ending 12-31-2	010	D 5	alova- '	dentification number		
		аррисавіе	C Name of organization AMERICAN SPEECH-LANGUAGE-H	HEARING ASSOCIATION				•	dentification number		
_	dress cl		Doing Business As				53-	02404	474		
	me cha		,				E Tele	phone	number		
_	tıal retu		Number and street (or P O box 2200 research boulevard	ıf maıl ıs not delıvered	to street address)	Room/suit	e (30	1)296	5-5700		
	mınate		2200 research boulevaru				C Cross		to # 127 160 414		
☐ An	nended	return	City or town, state or country, air rockville, MD 208503289	nd ZIP + 4			— G Gros	ss receip	ts \$ 127,160,414		
Г Ар	plicatio	n pending	1001111107 113 200000209								
			F Name and address of p	orincipal officer		H(a) Is t	hıs a group retur	n for affili	ates? Yes No		
			Arlene A Pietranton 2200 Research Blvd			11/1-2 4			. F. F.		
			Rockville, MD 20850				e all affiliates i "No " attac		? Yes No t (see instructions)		
				<u> </u>		I	roup exemp				
I 18	ıx-exen	npt status	501(c)(3) F 501(c) (6)	(insert no) 49	947(a)(1) or 527						
J W	ebsit	e: 🕨 WW\	W ASHA ORG								
K For	m of or	rganızatıon	Corporation Trust Associa	ation Cother 🕨		L Year o	f formation 1	.947	M State of legal domicile KS		
Pa	rt I	Sumr	mary								
Governance		COMMUN	RING AND SUPPORTING S S SCIENTISTS THROUGH A NCIATION	DVOCACY, ADV	ANCING COMMUNI	CATION SCI	ENCÉ, ANC) PRO	MOTING HUMAN		
	2	Check thi	is box 🛏 if the organization	discontinued its o	perations or dispose	ed of more tha	n 25% of it	s net a	assets		
න ගු	1		of voting members of the gove					3	15		
ğ	1		of independent voting membe			-	•	4	15		
Activities &			nber of individuals employed nber of volunteers (estimate	•)		5 6	281 565		
•	1		elated business revenue from					7a	1,039,813		
	1		ated business taxable incom	•				7b	-371,483		
						Р	rior Year		Current Year		
	8	Contrib	outions and grants (Part VIII	, lıne 1 h)			45	,378	87,059		
Revenue	9	Progran	m service revenue (Part VIII	, lıne 2g) 🔒 🔒			40,642	,318	45,768,658		
evel	10		ment income (Part VIII, colu			-1,470	,269	2,308,539			
_	11		evenue (Part VIII, column (A				1,139	,535	1,122,617		
	12		evenue—add lines 8 through	•	, , , , , , , , , , , , , , , , , , , ,	line	40,356	,962	49,286,873		
	13		and similar amounts paid (Pa				256	,686	1,631,631		
	14	Benefit	s paid to or for members (Pai	rt IX, column (A), l	ıne 4)			0	0		
ø	15		s, other compensation, emplo	oyee benefits (Par	t IX, column (A), lıne	s 5-	27,074,062		27,456,688		
Expenses	16a	10) Profess	sional fundraising fees (Part I	X column (A.) line	110)		27,074	0	27,430,000		
⊕ ⊕	ь		draising expenses (Part IX, column	_							
Ω	17		expenses (Part IX, column (A		11f-24f)	-	. 16,052,213 15,231				
	18		xpenses Add lines 13-17 (r		•		43,382		44,319,934		
	19	Revenu	ie less expenses Subtract lii	ne 18 from line 12	<u> </u>		-3,025	,999	4,966,939		
Net Assets or Fund Bafances						Beginr	ning of Curro Year	ent	End of Year		
8.55 B.ak	20		ssets (Part X, line 16)				99,794	'	103,421,827		
10 mg	21		abilities (Part X, line 26) .				70,612	` 	72,014,465		
	22 71		sets or fund balances Subtra ature Block	ct line 21 from line	e 20		29,182	,289	31,407,362		
Unde know	r pena ledge ledge.	***** Signat	rjury, I declare that I have exar , it is true, correct, and comple ** ture of officer	te. Declaration of p				nation o			
	-	<u> </u>	or print name and title				1	15			
		Print/Type preparer's		Preparer's signature	Cındy Anapolsky	Date	Check if se employed		PTIN		
Paid			ne F Grant Thornton LLP	•				-	Firm's EIN		
Prep Use		Fırm's addı	Phone no (703) 847-7500								

MCLEAN, VA 22102

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

Par		ent of Program Service A Schedule O contains a response		II	୮
1	Briefly describe	the organization's mission			
HEA	RING SCIENTIST	GAND SUPPORTING SPEECH- IS BY ADVOCATING ON BEH JNICATION SCIENCE, AND P	ALF OF PERSONS WITH CON	MMUNICATION AND RELATE	•
2	Did the organiza the prior Form 9	tion undertake any significant p 90 or 990-EZ?	rogram services during the ye		┌ Yes ┌ No
	If "Yes," describ	e these new services on Sched	ule O		
3	services?			conducts, any program · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedule O			
4	Section 501(c)(empt purpose achievements for 3) and 501(c)(4) organizations hers, the total expenses, and re	and section 4947(a)(1) trusts	are required to report the am	•
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	language, and hea	l, scientific, and credentialing association inng scientists in the United States and mulates exchange of information amoi	internationally, ASHA promotes the i	individual and collective professional i	interests of the members of the
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	ASHA encourages l appropriate acadei	pasic scientific study of the process of i mic and clinIcal preparation of individua ng professional publications (a year rou	indIVIDUAL human communication wi als entering the profession and provic	th special reference to speech, langu- les maintenance of current knowledg	e and skills of those within the
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		n behalf of persons with communicatio ents of clinical services and procedures		investigation and prevention of disorc	ders of human communication and
	Other program	services (Describe in Schedule	e O)		
	(Expenses \$	including	g grants of \$) (Revenue \$)
4e	Total program :	service expenses > \$			

Part IV	Checklist	of Red	uired	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 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," complete Schedule L, Part I	25b		
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		No
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	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	38	Yes	

Ра	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 179	ı		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	res	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b	Yes	
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit]		
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Б	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule Ocontains a re							

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N o			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was						
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7.5		110			
а	The governing body?	8a	Yes				
a b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
	venue couc.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		No			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
112	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form						
	114 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form						
b	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	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		No			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
40	Describe in Cabadula O inhathan (and if as how) the area						

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization YVONNE KANKAN-BOADU 2200 RESEARCH BLVD

ROCKVILLE, MD 20850 (301) 296-8648

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) Average hours		((tion (hat a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) SUE HALE PAST PRESIDENT	10 0	Х						0	0	0
(2) TOMMIE ROBINSON JR PRESIDENT	10 0	Х		х				0	0	0
(3) PAUL R RAO PRESIDENT-ELECT	10 0	х						О	0	0
(4) GEORGE O PURVIS CHAIR OF AUDIOLOGY COUNCIL	10 0	х						0	0	0
(5) NANCY B ALARCON CHAIR OF SLP COUNCIL	10 0	х						0	0	0
(6) COLLEEN M O'ROURKE VP, AUDIOLOGY ACADEMIC AFFAIR	10 0	Х						0	0	0
(7) JEANNE WILCOX VP, SLP ACADEMIC AFFAIR	10 0	Х						0	0	0
(8) JAYNEE A HANDELSMAN VP, AUDIOLOGY PRACTICE	10 0	х						0	0	0
(9) ROBERT M AUGUSTINE VP, FINANCE	10 0	х						0	0	0
(10) THOMAS J HALLAHAN VP, GOVERNMENT RELATIONS	10 0	х						0	0	0
(11) ALISON E LEMKE VP, PLANING	10 0	х						0		0
(12) KAREN KIRK VP, SCIENCE AND RESEARCH	10 0	х						0	0	0
(13) JULIE B NOEL VP, SLP PRACTICES	10 0	х						0	0	0
(14) ALLAN O DIEFENDORF VP, STANDARDSÐICS AUDIOLOGY	10 0	х						0	0	0
(15) PATRICIA A PRELOCK VP, STANDARDD & ETHICS IN SLP	10 0	х						0	0	0
(16) ARLENE A PIETRANTON EXECUTIVE DIRECTOR	60 0			Х				360,291	0	153,084

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours	Posi t		•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) CHARLES M COCHRAN CSO FOR OPERATION	50 0			х				237,569	0	231,184
(18) VICKI DEAL-WILLIAMS CSO FOR MULTICULTURAL AFFAIRS	50 0				х			198,348	0	26,627
(19) LEMMIETTA MCNEILLY CSO FOR SLP	50 0				Х			186,606	0	42,658
(20) MARGARET ROGERS CSO FOR SCIENCE & RESEARCH	50 0				х			190,106	0	32,438
(21) VIC S GLADSTONE CSO FOR AUDIOLOGY	50 0				Х			192,283	0	192,690
(22) MARTIN ROME CSO FOR COMMUNICATION	50 0					х		145,908	0	39,702
(23) MICHAEL GUERRIERI DIRECTOR, INFORMATION SYSTEMS	50 0					х		156,124	0	42,653
(24) STAN DUBLINSKE SENIOR ADVISOR FOR PLANNING	50 0					х		141,197	0	101,658
(25) JANET MCNICOL DIRECTOR, HR	50 0					х		133,901	0	28,711
(26) ROBERT MULLEN DIRECTOR, NATIONAL CTR FOR EBP	50 0					х		131,585	0	46,731
1b Sub-Total			•		•	<u></u>	•			
d Total (add lines 1b and 1c) .							 	2,073,918	0	938,136
2 Total number of individuals (inclu	ıdıng but not lım	ited to t	hose	lıst		bove)	who	received more thai	<u> </u>	

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual						
	on time 1a. It res, complete schedules for such marvidaar	3		No			
1	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		NI -			
		5		Νο			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Apextech LLC 2300 North Pershing Drive ARLINGTON, VA 22210	IT PROFESSIONAL	287,078
Solutions Developers 45240 Business Court Ste400 DULLES, VA 20166	IT Professional	337,730
Valente Associates 600 14th St NW 5th Floor WASHINGTON, DC 20005	CONSULTING	162,846
I4DM 8227 CLOVERLEAF DRIVE SUITE 312 MILLERSVILLE, MD 21108	IT PROFESSIONAL	222,889
Old Town IT LLC 304 Columbia Rd ALEXENDRIA, VA 22302	IT Professional	170,693
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization ▶8

Form 9 Part \							Pag	ge 9
Palit	Y	Statement of Reven	ile		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e , and 1f	87,059	87,059			514
Program Service Revenue		MEMBERSHIP DUES CONVENTION SUBSCRIPTIONS & PUBLICATIONS ADVERTISING SALES CONTINUING EDUCATION All other program service re	venue	900099 900099 900099 541800 900099	4,134,838 1,616,301 1,293,743	2,585,989 4,255,054	1,293,743	
Ğ	3 4 5	Total. Add lines 2a-2f Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	g dividends, interest ▶ empt bond proceeds ▶	(II) Personal	45,768,658 568,199 0 1,067,643			568,19
	c d	Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount	660,658 -370,104 ▶ (1) Securities 79,267,545	(II) O ther -314,322	-370,104		-253,930	-116,17
÷	c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi		-314,322	1,740,340			1,740,34
Other Revenue	c 9a b c 10a b		a b Indraising events Indraising events Indraising events Indicate the second sec	Business Code 900099	0 0 425,078			
	e		•		425,078			
					49,286,873	44,899,993	1,039,813 rm 990 (20	

Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do no	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations					
	in the U.S. See Part IV, line 21	1,577,631				
2	Grants and other assistance to individuals in the					
	U S See Part IV, line 22	54,000				
3	Grants and other assistance to governments,					
	organizations, and individuals outside the U.S. See					
_	Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	2,049,317				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	18,375,435				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,574,178				
9	Other employee benefits	3,002,125				
10	Payroll taxes	1,455,633				
а	Fees for services (non-employees)					
_	Management	0				
b	Legal	149,634				
C	Accounting	150,549				
d	Lobbying	159,129				
e	Professional fundraising services See Part IV, line 17	0				
f	Investment management fees	0				
g	Other	1,714,924				
12	Advertising and promotion	0				
13	Office expenses	2,746,038				
14	Information technology	805,990				
15	Royalties	0				
16	Occupancy	2,588,655				
17	Travel	603,258				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	1,953,860			_	
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	2,404,021				
23	Insurance	0				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)					
а	PUBLICATIONS	1,476,042				
ь	CAA/PSB SITE VISITS	151,292			_	
c	MISCELLANEOUS	271,837			_	
d	EMPLOYMENT COSTS	56,227				
e	UNRELATED BUS INCOME TAX	159				
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	44,319,934			-	
26	Joint costs. Check here ► ☐ If following	,,				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Part X Balance Sheet (A) (B) Beginning of year End of year 1 22.315.835 2 4.272.831 15,242 21,340 3 610,255 4 445,627 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges 1,203,011 9 2,198,842 10a Land, buildings, and equipment cost or other basis Complete 60.322.299 10a Part VI of Schedule D 10b 13.760.018 ь Less accumulated depreciation 54,373,487 10c 46.562.281 39.050.513 11 11 30.661.981 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 269,513 15 1,215,921 15 16 99,794,852 16 103,421,827 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3.308.852 17 4,564,693 17 Accounts payable and accrued expenses . 18 18 26.701.016 19 19 26.173.390 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 31.175.000 27.172.311 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 9.427.695 25 14.104.071 Other liabilities Complete Part X of Schedule D 72,014,465 26 70.612.563 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 29.182.289 27 31,407,362 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 29,182,289 33 31,407,362 33 Total net assets or fund balances 99.794,852 34 Total liabilities and net assets/fund balances 103,421,827

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,2	286,87
2	Total expenses (must equal Part IX, column (A), line 25)	2 44,319,			
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				182,28
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,7	741,86
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		31,4	107,36
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493269007181

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organ	es," to Form 990, Part IV, Line 5 izations Complete Part III	(III 990-LZ, Fait V, IIIIe	Joa (Froxy Tax), then	
	ame of the organization ERICAN SPEECH-LANGUAGE-HEARING	ASSOCIATION		Employer	identification number	
				53-0240		
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section	527 organization.	
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	civities in Part IV		
2	Political expenditures			►	\$	
3	V olunteer hours					
Par	rt I-B Complete if the or	ganization is exempt und	er section 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization	under section 495	5	- \$	
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955	> \$	
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes	
4a	Was a correction made?				☐ Yes ☐ No	
ь	If "Yes," describe in Part IV					
Par	rt I-C Complete if the or	ganization is exempt und	er section 501(c) except section	501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities	> \$	
2	Enter the amount of the filing of exempt funtion activities	organızatıon's funds contributed t	o other organization	s for section 527	- \$	
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	0-POL, line 17b	▶	
	* <u></u>					
4		·	r/EIN) of all costion	. E 2.7 molitical organiza	Yes No	
4 5	Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond frond frond frond frond front	om the filing organization to a separate political	tions to which the filing on's funds Also enter the organization, such as a	
	Enter the names, addresses a organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly ai	r the amount paid frond frond frond frond frond front	om the filing organization to a separate political	tions to which the filing on's funds Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization if none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization if none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	constowhich the filing on's funds. Also enter the organization, such as a primation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization if none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization if none,	
	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered If additional space	om the filing organization to a separate political is needed, provide info	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization if none,	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public opinion (grass roots lobbying)						
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	(a)		
		Yes	No	A moui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), oı	sectio	n
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u>_</u> :	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part answered "Yes".				'n

1	Dues, assessments and similar amounts from members	1	32,640,179
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	560,630
ь	Carryover from last year	2b	
С	Total	2c	560,630
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,305,607
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-744,977

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

As Filed Data

DLN: 93493269007181

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions. Name of the organization

funds are the organization's property, subject to the organization's exclusive legal control?

53-0240474 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming impormissible private benefit

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised

	Come	erring imperimissible private benefit			, ,
Pa	rt II	Conservation Easements. Complete if the organiza	tion	answered "Yes" to Form 990, Part IV,	line 7.
1		ose(s) of conservation easements held by the organization (chec Preservation of land for public use (e g , recreation or pleasure) Protection of natural habitat	k all	that apply) Preservation of an historically importantly Preservation of a certified historic structu	
	Γ	Preservation of open space			
2		plete lines 2a-2d if the organization held a qualified conservation ment on the last day of the tax year	con	tribution in the form of a conservation	

Total number of conservation easements

Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	
	the taxable year 🛌	
4	Number of states where property subject to conservation easement is located 🛌	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨	
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🕏	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	┌ No
_	In Doub VIV. december have the comment of the comme	

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
 - Revenues included in Form 990, Part VIII, line 1

sey Act and Danamuark Reduction Act N	Notice, see the Intructions for Form 990
ssets included in Form 990, Part X	
	<u> </u>

'ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Trea</u>	asures, or (<u> Othe</u>	r Similar	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing tha	it are a signific	ant u	ise of its co	llection	n	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
ŀ	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ further t	he organizatio	n's ex	cempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Pa I	rt IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar		•								
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontributic	ns or other as	sets	not	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able	Ī		T			
									A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<i>(</i>									
Pa	rt V Endowment Funds. Complete		n ans	were							
		(a)Current Year	(b)	Prior \	rear (c) Two Years Back	(d)	Three Years B	ack (e	Four Ye	ears Back
а	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
	Provide the estimated percentage of the yea	r end halance held	as								
		r end barance nerd	us								
а	Board designated or quasi-endowment										
b	Permanent endowment 🕨										
C	Term endowment ►							Ale .			
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnata	ire neid a	na aaministere	a for	tne		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations							[3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				3b		
	Describe in Part XIV the intended uses of th										
'aī	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990), Part X, line	10.	ı			
	Description of investment				Cost or oth			(c) Accumu depreciati		(d) Bo	ok value
a	Land					7,83	4,685				7,834,685
b	Buildings		•			36,36	6,328	2,79	1,576	3.	3,574,752
c	Leasehold improvements					82	2,832	17	9,129		643,703
d	Equipment		•			15,17	2,315	10,78	9,313		4,383,002
e	Other				-	12	6,139				126,139

46,562,281

(a) Description of security or selective (b) Deak value Coats or end-of-year market value Coats or end-of-year value Coats or end-of-yea	Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(2) Closely-held equity interests		(b)Book value	
Total. (Column (b) should equal Form 990, Part X, col (i) lee 13.			Cost of end-of-year market value
Total. (Column (2) should equal Form 990, Part X, col (8) line 12) ▶			
Total. (Column (b) should equal Form 990, Part X, col (b) len 12) Part Viti Investments—Program Related, See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost of end of year market value Cost of end of year market value Total. (Column (b) should equal Form 990, Part X, col (b) line 13) Part IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (c) line 15) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of Lability Federal Income Taxes O PAYABLE TO AFFILIATES 1,716,027 PERSION LIASELITY 7,5,525			
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Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 PAYABLE TO AFFILIATES 1,716,077 PENSION LIABILITY 10,416,355 MORTGAGE INTEREST PAYABLE 75,525			
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Federal Income Taxes 0 PAYABLE TO AFFILIATES 1,716,077 PENSION LIABILITY 10,416,355 MORTGAGE INTEREST PAYABLE 75,525		K, line 25.	
PAYABLE TO AFFILIATES 1,716,077 PENSION LIABILITY 10,416,355 MORTGAGE INTEREST PAYABLE 75,525	1 (a) Description of Liability	(b) A mount	
PENSION LIABILITY 10,416,355 MORTGAGE INTEREST PAYABLE 75,525	Federal Income Taxes	0	
PENSION LIABILITY 10,416,355 MORTGAGE INTEREST PAYABLE 75,525	PAYABLE TO AFFILIATES	1,716,077	
MORTGAGE INTEREST PAYABLE 75,525			
	III. EREST INTE SWAT	1,050,114	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 14,104,071	Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	14,104,071	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	49,286,873
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,319,934
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,966,939
4	Net unrealized gains (losses) on investments	4	1,048,785
5	Donated services and use of facilities	5	-218,124
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,572,527
9	Total adjustments (net) Add lines 4 - 8	9	-2,741,866
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,225,073
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	47,423,630
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,048,785
3	Subtract line 2e from line 1	3	46,374,845
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	2,912,028
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	49,286,873
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	45,198,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d 660,499		
e	Add lines 2a through 2d	2e	878,623
3	Subtract line 2e from line 1	3	44,319,934
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,319,934
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8		PENSION RELATED LOSS - 2,972,357 LOSS ON INT RATE SWAP - 600,170 TOTAL - 3,572,527
Part XII, Line 4b		RENTAL ACTIVITY EXPENSES (660,658) PENSION RELATED LOSS 2,972,357 LOSS ON INT RATE SWAP 600,170 Unrelated business Income Tax (159) TOTAL 2,912,028
Part X, Line 2	FIN 48 Footnote	The Association recognizes tax positions on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Association does not believe it has any material uncertain tax positions.
Part XIII, Line 2d		RENTAL ACTIVITY EXPENSES 660,658 UNRELATED BUSINESS TAX INCOME (159) TOTAL 660,499

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Schedule I (Form 990)

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

OMB No 1545-0047

2010

DLN: 93493269007181

2010

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Name of the organization						Employer identifi	cation number
AMERICAN SPEECH-LANGUA	GE-HEARING ASSO	CIATION				53-0240474	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the organization 	d to award the grants of ganization's procedur	or assistance? res for monitoring the use	of grant funds in the l	Jnited States			√ Yes
Form 990, Part I		Governments and ecipient that received eded.	l more than \$5,000.	Check this box if n		ived more than_\$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A merican Speech Language Hearing Foundation2200 Research Blvd Rockville, MD 20850	52-6055761	501(c)(3)	55,600				Contribution
(2) Coalition for Patients Rights Mmber Organizations 222 S Prospect Ave Park Ridge,IL 60068	20-4046855	None	10,000				Contribution
(3) Pennsylvania SLH Association700 McKnight Park DrRM708 Pittsburgh, PA 15237	25-6063027	501(c)(6)	24,430				Stipend + Grant
(4) St Johns University8000 Utopia Parkway Queens, NY 11439	11-1630830	501(c)(3)	14,345				Multicultural Grants
(5) Portland State University P O Box 751 Portland, OR 97207	48-1278529	Government	11,940				Multicultural Grants
(6) National Aphasia Association350 7th Avenue New York, NY 10001	13-3411063	501(c)(3)	12,170				Multicultural Grants
(7) South Dakota SLH AssociationP O Box 308 Sioux Falls, SD 57101	22-6064537	501(c)(3)	8,000				Personnel grant
(8) Colorado SLH AssociationP O Box 345 Sedalia, CO 90135	84-0745204	501(c)(6)	10,000				Personnel grant
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations .					<u> </u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Students Preparing for Academic & Research Careers	12	12,000			
(2) Audiology/Hearing Science research Travel Award	19	9,500			
(3) Student research Travel A ward	13	6,500			
(4) New Investigator A ward	1	500			
(5) Advancing research grant	4	20,000			
(6) Student Ethics Essay Award	3	1,000			
(7) MSLP	30	4,500			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference Explanation

NOTE 1 SCH I, PART I, LINE 2 The grant awarding departments at ASHA select and award grants to grant recipients and monitor the use of grants

Schedule I (Form 990) 2010

DLN: 93493269007181

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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AME	RICAN SPEECH-LANGUAGE-HEARING ASSOCIATION	' '			
		53-0240474			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization prov	ided any of the following to or for a person listed in Form			
		to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org				
	reimbursement orprovision of all the expenses descri		1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		2		
		, -	 		
3	Indicate which, if any, of the following the organizatio	n uses to establish the compensation of the			
	organization's CEO/Executive Director Check all the				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII, Section A, line 1a with respect to the filing organization	1		
а	Receive a severance payment or change-of-control p	ayment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplement	tal nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of				
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de		7		
8	Were any amounts reported in Form 990, Part VII, pa				
	subject to the initial contract exception described in	Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) A RLENE A PIETRANTON	(I) (II)	291,622 0	0	68,669 0	126,623 0	26,461 0	513,375 0	
(2) CHARLES M COCHRAN	(I) (II)	232,961 0	0 0	4,608 0	202,776 0	28,408 0	468,753 0	
(3) VICKI DEAL- WILLIAMS	(I) (II)	184,709 0	0	13,639 0	23,753 0	2,874	224,975 0	(
(4) LEMMIETTA MCNEILLY	(I) (II)	171,979 0	0	14,627 0	13,759 0	28,899	229,264	(
(5) MARGARET ROGERS	(I) (II)	191,650 0	0	-1,544 0	15,332 0	17,106 0	222,544	(
(6) VIC S GLADSTONE	(I) (II)	180,325 0	0	11,958 0	166,606 0	26,084 0	384,973 0	(
(7) MARTIN ROME	(ı) (ıı)	151,844 0	0	-5,936 0	12,148 0	27,554 0	185,610 0	(
(8) MICHAEL GUERRIERI	(ı) (ıı)	160,128 0	0	-4,004 0	17,503 0	25,150 0	198,777 0	(
(9) STAN DUBLINSKE	(I) (II)	136,154 0	0	5,043 0	91,873 0	9,785	242,855	(
(10) JANET MCNICOL	(I) (II)	138,115 0	0	-4,214 0	14,271 0	14,440 0	162,612 0	(
(11) ROBERT MULLEN	(ı) (ıı)	136,628 0	0	-5,043 0	21,085 0	25,646 0	178,316 0	(
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
PART I, Line 4b		ARLENE A PIETRANTON, 457(B) PLAN \$16,500
Part II		Employees listed, Line I, column C - Retirement and other deferred compensation ASHA has a defined benefit (DB) retirement plan covering most employees hired before January 1, 2003, and a defined contribution (DC) plan for other eligible employees hired on or after the date. The defined benefit plan is based on the actuarial calculation of the change in the lump sum value of accrued benefit. This calculation varies based on compensation, years of service, and age. The defined contribution plan amount is based on a percentage of salary.

Schedule J (Form 990) 2010

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DLN: 93493269007181

OMB No 1545-0047

2010

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SCHEDULE 0 (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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION **Employer identification number**

53-0240474

ldentifier	Return Reference	Explanation
PART III, LINE 4D	OTHER PROGRAM SERVICES	Other expenses to enable the Association to accomplish its mission

ldentifier	Return Reference	Explanation
PART VI, SECTION A, LINE 6	ORGANIZATION MEMBERS AND STOCKHOLDERS	ASHA is a professional membership association with 145,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Asha's membership consist of the following. Certified audiologists, Certified speech-language pathologists, Dually certified, Speech language hearing scientists, and Non certified.

ldentifier	Return Reference	Explanation
PART VI, SECTION A, LINE 7A	ELECTION OF GOVERNING BODY MEMBERS	ASHA members elect its board of directors by voting as follows 1)Asha members who are certified audiologists vote for Board of Directors (BOD) candidates for audiology-designated BOD offices 2)Asha members who are certified speech-language pathologists vote for BOD candidates for the speech-language-pathology-designated BOD offices 3)Asha's entire membership vote for non-professional specific BOD officers

ldentifier	Return Explanation Reference								
PART VI, SECTION A, LINE 11A	FORM 990 REVIEW PROCESS	ASHA'S FORM 990 IS PREPARED AND detailed REVIEWED BY ITS OUTSIDE ACCOUNTANTS, GRANT THORNTON A FINAL DRAFT OF FORM 990 WILL BE detailed REVIEWED BY ASHA'S FINANCE STAFF, director of finance, chief staff officer for operations, and executive director BEFORE PRESENTING THE 990 TO THE BOARD OF DIRECTORS PRIOR TO FILING							

ldentifier	Return Reference	Explanation
PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY	The conflict of interest policy is reviewed annually for BOARD OF DIRECTORS and on an on-going bases for all employees. Each Board of Director and Employee is expected to avoid any action or involvement that would compromise the Association. This includes the following 1) Having a financial interest, or a family member with a financial interest, in an outside concern from which ASHA purchases goods or services. 2) Conducting business on behalf of ASHA with a member of the director's or employee's family or a business organization in which the director or employee or a member of his or her family has a significant interest. In the event a volunteer leader wishes to partake in an activity or association that would create or appear to create a conflict of interest, the volunteer leader must disclose the proposed outside activity or association to the chair of the board or committee. The chair shall decide whether the outside activity or association can be accommodated in such a way that the conflict of interest is avoided without resulting in significant hardship to ASHA. This may include requiring the volunteer leader to recuse himself or herself from making business or policy decisions on behalf of ASHA that are related to or in conflict with the outside activity or association and from recommending or providing input for such decisions. If the chair decides that ASHA is able to make an accommodation that would eliminate a conflict of interest without imposing significant hardship on the organization, and if the volunteer leader is agreeable to it, the volunteer leader may engage in the outside activity or association. In the event that the ASHA president believes he or she has a potential conflict, he or she should disclose the outside activity or association to the immediate past president.

ldentifier	Return Reference	Explanation
PART VI, SECTION B, LINE 15B	COMPENSATION PROCESS	Annually ASHA contracts with Quatt Associates, outside consultants, to provide an independent and market driven compensation package for the executive director and all staff positions. The following elements are included in the process for determining compensation for these positions. 1)Quatt Associates reviews all of the positions, including the Executive Director's position. The BOD approves and works directly with the consultant regarding the Executive Director's position. 2)Quatt Associates provides market data for the determination of compensation for the Executive Director and all other positions. 3)The President documents the discussion regarding compensation for the Executive Director's position and forwards instructions to the Chief Staff officer. 4)All other staff position salary ranges are established (based on Quatt's review), subject to the approval of Executive Director. The organization does not have a review process for compensation for the Board of Director since the board members do not get compensation from the organization.

ldentifier	Return Reference	Explanation
, , ,	DOCUMENT AVAILABILITY	ASHA posts its bylaws, annual audited financial statements on the organization's website

ldentifier	er Return Explanation Reference				
SCHEDULE J-2		THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES OF AMERICAN SPEECH- LANGUAGE-HEARING ASSOCIATION WORK 50+ HOURS PER WEEK			

Identifier Return Reference		Explanation
Part XI, Line 5	Other Changes in net assets	Unrealized Loss on investment (\$2,741,866)

DLN: 93493269007181

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION 53-0240474

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)												
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity							
(1) FALLSGROVE HOLDING LLC 2200 research boulevard ROCKVILLE, MD 20850	PROP OWNER	MD	290,554	0	ASHA							
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t		ne organization ans	swered "Yes" on	Form 990, Part I\	/, line 34 because it had one							

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	olled
						Yes	No
(1) AMERICAN SPEECH LANGUAGE HEARING FOUND							
2200 RESEARCH BLVD	educational	MD	501(c)(3)	9	NA		
ROCKVILLE, MD 20850 _52-6055761							
(2) NAT ASSOC FOR HEARING AND SPEECH ACT							
2200 RESEACH BLVD	educational	MD	501(C)(3)	11a	NA		
ROCKVILLE, MD 20850 _53-0196545							
(3) ASHA POLITICAL ACTION COMMITTEE							
2200 RESEARCH BLVD	political	MD	527	N/A	NA		
ROCKVILLE, MD 20850 52-1515473							
Francisco A.A. and Danas and D.	·	C-+ N- F0	1357		Calcadada D /F	222	2010

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets				f) (g) Share of end-of-year assets						ox 20 of managin kK-1 partner		(k) Percentage ownership
								Yes	No			Yes	No					
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,				
Name, address, an	(a) Id EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership				

(5)

(6)

Pā	rt V Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
10	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nızatıons lısted ın Part	s II-IV?	Γ			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	La		No
b	Gift, grant, or capital contribution to other organization(s)			1	Lb	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1	Lc		No
d	Loans or loan guarantees to or for other organization(s)			1	Ld		No
е	Loans or loan guarantees by other organization(s)			1	Le		No
f	Sale of assets to other organization(s)			1	Lf		No
g	Purchase of assets from other organization(s)			1	Lg		No
h	Exchange of assets			1	Lh		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)			1	Lk	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)			1	11		No
n	Sharing of facilities, equipment, mailing lists, or other assets			1	Lm	Yes	
n	Sharing of paid employees			1	Ln	Yes	
0	Reimbursement paid to other organization for expenses			1	Lo	Yes	
р	Reimbursement paid by other organization for expenses			1	Lр	Yes	
q	O ther transfer of cash or property to other organization(s)			1	Lq		No
r	Other transfer of cash or property from other organization(s)			1	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transac	tion thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of detern involve	mınır	ng amo	unt
1)							
ee A	ddıtıonal Data Table						
2)							
21							
3)							
4)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	American Speech Language Hearing Foundation	b	1,042,340	
(2)	American Speech Language Hearing Foundation	m	97,151	
(3)	American Speech Language Hearing Foundation	n	120,989	
(4)	American Speech Language Hearing Foundation	k	127,830	
(5)	American Speech Language Hearing Foundation	р	370,966	
(6)	American Speech Language Hearing Foundation	0	63,069	
(7)	National Assn for Hearing and Speech Action	b	400,000	
(8)	National Assn for Hearing and Speech Action	m	41,405	
(9)	National Assn for Hearing and Speech Action	n	6,072	
(10)	National Assn for Hearing and Speech Action	р	17,324	
(11)	National Assn for Hearing and Speech Action	0	19,598	