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Form 990

Department of the Treasury  
Internal Revenue Service

## 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

2011

Open to Public  
Inspection

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

## A For the 2011 calendar year, or tax year beginning and ending

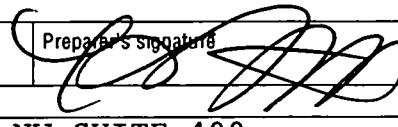
B Check if applicable	C Name of organization ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING		D Employer identification number 53-0196644
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P O box if mail is not delivered to street address) 3417 VOLTA PLACE, NW		E Telephone number 202-337-5220
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20007-2778		F Gross receipts \$ 5,330,591.
	F Name and address of principal officer: JOHN R. WYANT SAME AS C ABOVE		G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	J Website: ► WWW.AGBELL.ORG		If "No," attach a list. (see instructions)
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 2002 M State of legal domicile DC

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	380	
	7a Total unrelated business revenue from Part VIII, column (G), line 12	7a	117,874.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<1,250. >	
	8 Contributions and grants (Part VIII, line 1h)	473	NOV 26 2012	PRIOR YEAR
	9 Program service revenue (Part VIII, line 2g)			CURRENT YEAR
	10 Investment income (Part VIII, column (A), lines 3-4, and 7d)			2,465,964. 1,799,459.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,023,120. 292,238.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			336,994. 552,520.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			12,280. 125,268.
14 Benefits paid to or for members (Part IX, column (A), line 4)			3,838,358. 2,769,485.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			428,501. 420,950.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 305,418.			1,041,726. 1,176,227.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0. 56,500.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,183,800. 1,662,981.	
19 Revenue less expenses Subtract line 18 from line 12			3,654,027. 3,316,658.	
20 Total assets (Part X, line 16)			184,331. <547,173. >	
21 Total liabilities (Part X, line 26)			BEGINNING OF CURRENT YEAR	
22 Net assets or fund balances. Subtract line 21 from line 20			8,942,241. 8,125,058.	
			242,796. 219,030.	
			8,699,445. 7,906,028.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► Signature of officer 	Date 11/14/2012
	► ALEXANDER T. GRAHAM, EXECUTIVE DIRECTOR/CEO	
Print/Type preparer's name	Preparer's signature 	Date 11/16/12
KAY L. VOLANS		Check if self-employed <input type="checkbox"/> PTIN P01404047
Firm's name ► TATE AND TRYON		Firm's EIN ► 52-1855942
Use Only Firm's address ► 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036		Phone no (202) 293-2200

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

 Yes  No

G16

24

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

Form 990 (2011)

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  X

**1** Briefly describe the organization's mission:

**THE ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING  
HELPS FAMILIES, HEALTH CARE PROVIDERS AND EDUCATION PROFESSIONALS  
UNDERSTAND CHILDHOOD HEARING LOSS AND THE IMPORTANCE OF EARLY  
DIAGNOSIS AND INTERVENTION. THROUGH ADVOCACY, EDUCATION, RESEARCH AND**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  X No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  X No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ **854,939.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**SPECIAL PROJECTS - SPECIAL PROJECTS ARE PROGRAMS FUNDED BY RESTRICTED FUNDS WHICH SUPPORT A HOST OF PROGRAMS TO EMPOWER PERSONS WHO ARE HEARING IMPAIRED TO FUNCTION INDEPENDENTLY BY PROMOTING UNIVERSAL RIGHTS AND OPTIMAL OPPORTUNITIES FOR SUCH PERSONS FROM INFANCY THROUGH ADULTHOOD, TO LEARN TO USE, MAINTAIN, AND IMPROVE ALL ASPECTS OF THEIR VERBAL COMMUNICATION, INCLUDING THEIR ABILITY TO SPEAK, SPEECHREAD, USE RESIDUAL HEARING, AND PROCESS SPOKEN AND WRITTEN LANGUAGE.**

**4b** (Code \_\_\_\_\_) (Expenses \$ **687,204.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**FINANCIAL AID - PROVIDED FINANCIAL ASSISTANCE TO PARENTS OF INFANTS AND PRE-SCHOOL CHILDREN, SCHOOL-AGED CHILDREN, ARTS AND SCIENCES STUDENTS AND COLLEGE-AGE STUDENTS. ALL Awardees HAVE MODERATE TO PROFOUND HEARING LOSS.**

**4c** (Code \_\_\_\_\_) (Expenses \$ **660,534.** including grants of \$ \_\_\_\_\_) (Revenue \$ **131,878.**)

**PUBLICATIONS - PRODUCED BOOKS AND MATERIALS RELATED TO EDUCATING THOSE INTERESTED IN DEAFNESS AND HEARING LOSS. THESE PUBLICATIONS ARE UTILIZED BY EDUCATORS AND PARENTS OF CHILDREN WHO ARE HEARING IMPAIRED.**

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ **353,024.** including grants of \$ \_\_\_\_\_) (Revenue \$ **105,552.**)

**4e** Total program service expenses ► **2,555,701.**

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**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete *Schedule B, Schedule of Contributors*?

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*

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? *If "Yes," complete Schedule C, Part II*

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*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*

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*

c 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*

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*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*

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*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

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*

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

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 United States? *If "Yes," complete Schedule F, Parts II and IV*

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 United States? *If "Yes," complete Schedule F, Parts III and IV*

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? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

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*

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e		X
11f	X	
12a		X
12b	X	
13		X
14a		X
14b	X	
15		X
16	X	
17	X	
18		X
19		X
20a		X
20b		

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THE DEAF AND HARD OF HEARING**

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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	35b	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	256
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 gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c 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	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
a 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	<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
a Gross income from members or shareholders	N/A	11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state?	N/A	
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand	13b	
14a Did the organization receive any payments for indoor tanning services during the tax year?	13c	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<input checked="" type="checkbox"/>
	14b	

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

Check if Schedule O contains a response to any question in this Part VI

**Section 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	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	7b	X
b	Each committee with authority to act on behalf of the governing body?	8a	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8b	X
		9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	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	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	THE ASSOCIATION - 202-337-5520	
	3417 VOLTA PLACE, NW, WASHINGTON, DC 20007	

T32005  
01-23-12

Form 990 (2011)

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

- Check if Schedule O contains a response to any question in this Part VII

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

**1b Sub-total**

151,375. 21,625. 11,605.

**c Total from continuation sheets to Part VII, Section A**

0.	0.	0.
151.875	81.625	11.625

**d Total (add lines 1b and 1c)**

151,375. 21,625. 11,605.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

1

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 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 individual

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.

**Section B. Independent Contractors** *Has the person listed above been rendered to the organization? If yes, complete Schedule J for such person*

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
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Form 990 (2011)

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1 a Federated campaigns	1a				
b Membership dues	1b	105,502.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	224,938.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1469019.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>		► 1799459.			
<b>Program Service Revenue</b>					
2 a CONVENTION AND CONFERE	Business Code				
b ADVERTISING	900099	148,219.	148,219.		
c SUBSCRIPTIONS	511120	117,874.		117,874.	
d CERTIFICATION & EXAMIN	511120	23,766.	23,766.		
e	900099	2,379.	2,379.		
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		► 292,238.			
3 Investment income (including dividends, interest, and other similar amounts)		► 382,920.			382,920.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		► 7,882.			7,882.
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	2,695,821.				
c Gain or (loss)	2,526,221.				
d Net gain or (loss)	169600.		►		169,600.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events		►			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a	122068.			
b Less: cost of goods sold	b	34,885.			
c Net income or (loss) from sales of inventory		►	87,183.	87,183.	
<b>Miscellaneous Revenue</b>	Business Code				
11 a OTHER INCOME	900099	30,203.			30,203.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		► 30,203.			
<b>12 Total revenue. See instructions</b>		► 2769485.	261,547.	117,874.	590,605.

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	408,186.	408,186.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	12,764.	12,764.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,606.	127,266.	39,347.	17,993.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	751,920.	518,419.	160,173.	73,328.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	239,701.	165,009.	51,527.	23,165.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	20,982.	5,067.	15,915.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,500.			56,500.
f Investment management fees				
g Other	486,786.	268,227.	209,424.	9,135.
12 Advertising and promotion	18,583.	12,022.	2,674.	3,887.
13 Office expenses	252,883.	175,476.	67,574.	9,833.
14 Information technology				
15 Royalties				
16 Occupancy	328,400.	6,210.	321,866.	324.
17 Travel	104,764.	64,306.	17,208.	23,250.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	110,143.	100,057.	6,350.	3,736.
20 Interest	92,829.	61,972.	30,932.	<75. >
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,966.		138,966.	
23 Insurance	26,259.	680.	25,579.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	40,340.	16,157.	23,467.	716.
b ACCESS-CART	29,569.	21,787.	7,397.	385.
c STAFF DEVELOPMENT	12,477.	6,137.	4,658.	1,682.
d OVERHEAD ALLOCATION	0.	585,959.	<667,518. >	81,559.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,316,658.	2,555,701.	455,539.	305,418.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ►  If following SOP 98-2 (ASC 958-720)

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	642,218.	1	886,749.
	2 Savings and temporary cash investments	2		
	3 Pledges and grants receivable, net	1,381,296.	3	632,719.
	4 Accounts receivable, net	40,771.	4	163,325.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5		
	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)	6		
	7 Notes and loans receivable, net	731,756.	7	123,365.
	8 Inventories for sale or use	67,116.	8	42,780.
	9 Prepaid expenses and deferred charges	24,119.	9	21,095.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,273,451.		
	b Less: accumulated depreciation	10b 1,447,072.	10c 1,965,345.	1,826,379.
	11 Investments - publicly traded securities	3,687,005.	11	3,294,431.
	12 Investments - other securities. See Part IV, line 11	12		
	13 Investments - program-related. See Part IV, line 11	13		
	14 Intangible assets	14		
	15 Other assets. See Part IV, line 11	402,615.	15	1,134,215.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,942,241.	16	8,125,058.
Liabilities	17 Accounts payable and accrued expenses	147,599.	17	115,737.
	18 Grants payable	18		
	19 Deferred revenue	95,197.	19	103,293.
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22		
	23 Secured mortgages and notes payable to unrelated third parties	23		
	24 Unsecured notes and loans payable to unrelated third parties	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25		
	26 Total liabilities. Add lines 17 through 25	242,796.	26	219,030.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,501,119.	27	3,663,948.
	28 Temporarily restricted net assets	2,930,962.	28	2,981,223.
	29 Permanently restricted net assets	1,267,364.	29	1,260,857.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	8,699,445.	33	7,906,028.
	34 Total liabilities and net assets/fund balances	8,942,241.	34	8,125,058.

Form 990 (2011)

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	2,769,485.
2	3,316,658.
3	<547,173.>
4	8,699,445.
5	<246,244.>
6	7,906,028.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

<b>Name of the organization</b>	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	<b>Employer identification number</b>
		53-0196644

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2011**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,177,457.	1,201,233.	2,061,177.	2,679,564.	1,799,459.	10,918,890.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	278,097.	970,857.	506,357.	897,728.	414,306.	3,067,345.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	3,455,554.	2,172,090.	2,567,534.	3,577,292.	2,213,765.	13,986,235.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						13,986,235.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,455,554.	2,172,090.	2,567,534.	3,577,292.	2,213,765.	13,986,235.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	313,041.	322,958.	324,504.	356,888.	390,802.	1,708,193.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	313,041.	322,958.	324,504.	356,888.	390,802.	1,708,193.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	254,969.		64,190.	5,920.	30,203.	355,282.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	4,023,564.	2,495,048.	2,956,228.	3,940,100.	2,634,770.	16,049,710.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	87.14	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	88.75	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	10.64	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	8.98	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING** Employer identification number **53-0196644**

**Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount 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 section 170(h)(4)(B)(ii)?  Yes  No

9 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ► \$ \_\_\_\_\_

2 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

Schedule D (Form 990) 2011

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,856,068.	2,005,538.	1,728,189.	2,007,538.	
b Contributions	500.	2,500.	5,000.		
c Net investment earnings, gains, and losses	<12,058. >	<151,970. >	290,212.	<170,255. >	
d Grants or scholarships					
e Other expenditures for facilities and programs	19,110.		17,863.	109,094.	
f Administrative expenses	<317. >				
g End of year balance	1,825,717.	1,856,068.	2,005,538.	1,728,189.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 20.29 %

b Permanent endowment ► 69.06 %

c Temporarily restricted endowment ► 10.65 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)	X	
3a(ii)	X	
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings		2,961,937.	1,184,177.	1,777,760.	
c Leasehold improvements					
d Equipment		311,514.	262,895.	48,619.	
e Other					
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				► 1,826,379.	

Schedule D (Form 990) 2011

132052  
01-23-12

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

Schedule D (Form 990) 2011

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col. (b) must equal Form 990, Part X, col (B) line 12 ) ►</b>		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col. (b) must equal Form 990, Part X, col (B) line 13 ) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	395,608.
(2) DUE FROM AFFILIATE	738,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►</b>	<b>1,134,215.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►</b>	

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053

01-23-12

Schedule D (Form 990) 2011

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

Schedule D (Form 990) 2011

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**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	1	2,769,485.
2	2	3,316,658.
3	3	<547,173. >
4	4	<239,237. >
5	5	
6	6	
7	7	
8	8	<7,007. >
9	9	<246,244. >
10	10	<793,417. >

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	1	2,523,241.
2		
a	2a	<239,237. >
b	2b	
c	2c	
d	2d	<7,007. >
e	2e	<246,244. >
3	3	2,769,485.
4		
a	4a	
b	4b	
c	4c	0.
5	5	2,769,485.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	1	3,316,658.
2		
a	2a	
b	2b	
c	2c	
d	2d	
e	2e	0.
3	3	3,316,658.
4		
a	4a	
b	4b	
c	4c	0.
5	5	3,316,658.

**Part 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, line 2; 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.

**PART V, LINE 4: THE ASSOCIATION'S ENDOWMENT HAS BEEN FUNDED BY**

**DONOR-RESTRICTED CONTRIBUTIONS AND IS USED TO FUND THE FINANCIAL AID**

**PROGRAMS.**

**PART X, LINE 2: MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX**

**POSITIONS AND CONCLUDED THAT THE ASSOCIATION'S CONSOLIDATED FINANCIAL**

**STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS.**

**Part XIV Supplemental Information (continued)**

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN THE VALUE OF SPLIT INTEREST TRUSTS -7,007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN THE VALUE OF SPLIT INTEREST TRUST -7,007.

**SCHEDULE F**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING

Employer identification number

53-0196644

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	FINANCIAL AID DISTRIBUTIONS TO RECIPIENTS LOCATED IN REGION.	12,764.
3 a Sub-total	0	0			12,764.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			12,764.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

132071  
01-23-12



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID DISTRIBUTIONS	NORTH AMERICA	17	12,764. CHECK	0.			

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: UTILIZING A COMMITTEE PROCESS, AG BELL AWARDS

SCHOLARSHIPS AND GRANTS TO FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF

## HEARING, STUDENTS, AND ORGANIZATIONS THAT ARE COMMITTED TO A LISTENING

## AND SPOKEN LANGUAGE APPROACH TO EDUCATION. THE RECIPIENTS MUST

Demonstrate financial need, have moderate to profound hearing loss and

UTILIZE LISTENING AND SPOKEN LANGUAGE TO COMMUNICATE. CERTAIN

SCHOLARSHIP RECIPIENTS HAVE ADDITIONAL REQUIREMENTS FOR AGE OR TYPE OF

## ACADEMIC STUDY.

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WI

## ALEXANDER GRAHAM BELL ASSOCIATION FOR

Schedule G (Form 990 or 990-EZ) 2011 THE DEAF AND HARD OF HEARING

53-0196644 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts				
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				► ( )
11	Net income summary. Combine line 3, column (d), and line 10				► ( )

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

Yes  No

b If "No," explain: \_\_\_\_\_

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

Yes  No

b If "Yes," explain: \_\_\_\_\_

## ALEXANDER GRAHAM BELL ASSOCIATION FOR

## Schedule G (Form 990 or 990-EZ) 2011 THE DEAF AND HARD OF HEARING

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11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility  Yes  No

b An outside facility  Yes  No

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

 Director/officer Employee Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID DISTRIBUTIONS	399	408,186.	0.		

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

**SCHEDULE I, PART I, LINE 2: UTILIZING A COMMITTEE PROCESS, AG BELL AWARDS SCHOLARSHIPS AND GRANTS TO FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF HEARING, STUDENTS, AND ORGANIZATIONS THAT ARE COMMITTED TO A LISTENING AND SPOKEN LANGUAGE APPROACH TO EDUCATION. THE RECIPIENTS MUST DEMONSTRATE FINANCIAL NEED, HAVE MODERATE TO PROFOUND HEARING LOSS AND UTILIZE LISTENING AND SPOKEN LANGUAGE TO COMMUNICATE. CERTAIN SCHOLARSHIP RECIPIENTS HAVE ADDITIONAL REQUIREMENTS FOR AGE OR TYPE OF ACADEMIC STUDY.**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING

Employer identification number  
53-0196644

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALEXANDER T. GRAHAM	(\$151,375.)	0.	0.	10,154.	0.	161,529.	0.
2	(\$21,625.)	0.	0.	1,451.	0.	23,076.	0.
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

## 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.

Name of the organization

ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING

Employer identification number  
53-0196644

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
THE ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING  
HELPS FAMILIES, HEALTH CARE PROVIDERS, AND EDUCATION PROFESSIONALS  
UNDERSTAND CHILDHOOD HEARING LOSS AND THE IMPORTANCE OF EARLY DIAGNOSIS  
AND INTERVENTION. THROUGH ADVOCACY, EDUCATION, RESEARCH AND FINANCIAL  
AID, AG BELL HELPS TO ENSURE THAT EVERY CHILD AND ADULT WITH HEARING  
LOSS HAS THE OPPORTUNITY TO LISTEN, TALK AND THRIVE IN MAINSTREAM  
SOCIETY. WITH CHAPTERS LOCATED IN THE UNITED STATES AND A NETWORK OF  
INTERNATIONAL AFFILIATES, AG BELL SUPPORTS ITS MISSION: ADVOCATING  
INDEPENDENCE THROUGH LISTENING AND TALKING!

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
FINANCIAL AID, AG BELL HELPS TO ENSURE THAT EVERY CHILD AND ADULT WITH  
HEARING LOSS HAS THE OPPORTUNITY TO LISTEN, TALK AND THRIVE IN  
MAINSTREAM SOCIETY. WITH CHAPTERS LOCATED IN THE UNITED STATES AND A  
NETWORK OF INTERNATIONAL AFFILIATES, AG BELL SUPPORTS ITS MISSION:  
ADVOCATING INDEPENDENCE THROUGH LISTENING AND TALKING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
AG BELL'S CHILDREN'S LEGAL ADVOCACY PROGRAM (CLA PROGRAM) SUPPORTS  
FAMILIES OF CHILDREN WHO ARE DEAF OR HARD OF HEARING BY PROVIDING  
ASSISTANCE TO FAMILIES WHO NEED HELP OBTAINING APPROPRIATE SERVICES IN  
THEIR COMMUNITIES. CLA REPRESENTS CHILDREN AND FAMILIES IN SELECT CASES  
WHERE THERE IS THE OPPORTUNITY TO SET PRECEDENT THAT WILL BENEFIT  
OTHERS.

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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THROUGH THE CLA PROGRAM, AG BELL ALSO SEEKS TO RAISE PUBLIC AWARENESS THAT CHILDREN WITH HEARING LOSS SHOULD HAVE THE OPPORTUNITY TO LEARN TO LISTEN AND TALK, AND THAT BOTH THE EARLY INTERVENTION AND EDUCATION SYSTEMS SHOULD SUPPORT FAMILIES' CHOICES.

EXPENSES \$ 48,712. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP

EXPENSES \$ 304,312. INCLUDING GRANTS OF \$ 0. REVENUE \$ 105,552.

FORM 990, PART V, LINE 2B  
THE ORGANIZATION'S EMPLOYEES ARE CONTRACTED THROUGH INSPERITY WHICH IS RESPONSIBLE FOR FILING ALL RELATED EMPLOYMENT TAX FORMS, INCLUDING THE W3.

FORM 990, PART VI, SECTION A, LINE 6: AG BELL USES ITS MEMBERSHIP DUES IN ORDER TO CONTINUE TO HELP FAMILIES, HEALTHCARE PROVIDERS AND EDUCATION PROFESSIONALS UNDERSTAND CHILDHOOD HEARING LOSS, AND THE IMPORTANCE OF EARLY DIAGNOSIS AND INTERVENTION.

FORM 990, PART VI, SECTION A, LINE 7A: NOMINATION, ELECTION, TERM, AND QUALIFICATIONS. THE GOVERNANCE AND HUMAN RESOURCES COMMITTEE SHALL NOMINATE UP TO TWELVE (12) DIRECTOR SEATS. THE CORPORATION'S GENERAL MEMBERSHIP SHALL NOMINATE UP TO THREE (3) DIRECTOR SEATS, PURSUANT TO ANY PROCEDURES ADOPTED BY THE BOARD AND/OR THE GOVERNANCE AND HUMAN RESOURCES COMMITTEE. THREE (3) DIRECTORS SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE CORPORATION'S VOTING MEMBERS AT AN ANNUAL MEETING AT WHICH A QUORUM IS PRESENT, OR BY REGULAR U.S. MAIL BALLOT, FAX BALLOT, ELECTRONIC BALLOT,

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OR ANY OTHER METHOD OF VOTING PERMITTED BY THE ACT PURSUANT TO SECTION 13 OF ARTICLE IV. THE REMAINING DIRECTORS SHALL BE ELECTED BY THE BOARD AT A REGULARLY SCHEDULED MEETING AT WHICH A QUORUM IS PRESENT. THE PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT BY VIRTUE OF THEIR OFFICE SHALL SERVE ON THE BOARD, EVEN IF THEIR ELECTED SEAT HAS EXPIRED, WHICH SHALL COUNT AGAINST THE TOTAL NUMBER OF DIRECTORS. THE EXECUTIVE DIRECTOR BY VIRTUE OF HIS OR HER OFFICE SHALL SERVE AS A NON-VOTING MEMBER OF THE BOARD, WHICH SHALL NOT COUNT AGAINST THE TOTAL NUMBER OF DIRECTORS. EACH DIRECTOR SHALL HOLD OFFICE FOR A THREE (3)-YEAR TERM; PROVIDED, HOWEVER, THAT DIRECTORS SHALL SERVE UNTIL THEIR SUCCESSORS HAVE BEEN DULY ELECTED AND HAVE QUALIFIED. THERE SHALL BE A NINE (9)-YEAR LIMIT (COMPRISED OF THREE (3) TERMS OF THREE (3) YEARS EACH) ON THE NUMBER OF CONSECUTIVE TERMS THAT A DIRECTOR MAY SERVE, PROVIDED, HOWEVER, THAT IF A DIRECTOR WAS PREVIOUSLY APPOINTED BY THE BOARD TO FILL A VACANCY ON THE BOARD, SUCH SERVICE IN FILLING THE VACANCY SHALL NOT BE COUNTED IN CONNECTION WITH THE NINE (9)-YEAR CONSECUTIVE TERM LIMIT; AND PROVIDED FURTHER THAT THIS NINE (9)-YEAR CONSECUTIVE TERM LIMIT SHALL NOT APPLY WITH RESPECT TO OFFICER TERMS. THE TERMS OF DIRECTORS SHALL BE STAGGERED, SO AS TO NOT ALL EXPIRE AT THE SAME TIME, TO THE EXTENT AND AS DETERMINED BY THE BOARD. TO THIS END, THE TERM(S) OF ONE (1) OR MORE DIRECTORS MAY BE EXTENDED OR ABBREVIATED, TO THE EXTENT AND AS DETERMINED BY THE BOARD. DIRECTORS NEED NOT BE RESIDENTS OF THE DISTRICT OF COLUMBIA.

FORM 990, PART VI, SECTION A, LINE 7B: THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY ITS BOARD. IT SHALL BE THE BOARD'S DUTY TO CARRY OUT THE OBJECTIVES AND PURPOSES OF THE CORPORATION, AND TO THIS END THE BOARD MAY EXERCISE ALL POWERS OF THE CORPORATION. THE BOARD SHALL BE SUBJECT TO THE RESTRICTIONS AND OBLIGATIONS SET FORTH BY LAW AND IN THE CORPORATION'S

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ARTICLES OF INCORPORATION AND BYLAWS. THE BOARD SHALL REPORT ANNUALLY TO THE MEMBERSHIP ON THE PROGRESS OF THE CORPORATION IN FULFILLING ITS PURPOSES AND ON THE FINANCES OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DOES NOT PROVIDE A COPY OF THE FORM 990 TO THE GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST  
IN ALL INSTANCES, DIRECTORS, OFFICERS AND EMPLOYEES OF THE CORPORATION  
SHOULD AVOID ALL ACTIONS INVOLVING MATERIAL CONFLICTS OF INTEREST WITH THE  
CORPORATION. FROM TIME TO TIME, AS NECESSARY, THE BOARD MAY DEVELOP POLICY  
GUIDELINES TO HELP ENSURE THE AVOIDANCE OF ANY SUCH MATERIAL CONFLICTS OF  
INTEREST.

NO CONTRACT OR TRANSACTION WHICH MAY RESULT IN A DIRECT OR INDIRECT  
FINANCIAL OR PERSONAL BENEFIT TO ONE OR MORE THE CORPORATION'S DIRECTORS,  
OFFICERS, OR EMPLOYEES SHALL BE VOID OR VOIDABLE SOLELY FOR THIS REASON,  
IF:

- (1) THE MATERIAL FACTS OF THE INDIVIDUAL'S OR INDIVIDUALS' RELATIONSHIP OR  
INTEREST IN THE CONTRACT OR TRANSACTION ARE DISCLOSED OR ARE KNOWN TO THE  
BOARD, AND THE BOARD EXPLICITLY REVIEWS THE MATTER WITH THE CONCERNED  
INDIVIDUAL OR INDIVIDUALS ABSENT WHILE THAT MATTER IS BEING DISCUSSED; AND
- (2) THE BOARD IN GOOD FAITH AUTHORIZES THE CONTRACT OR TRANSACTION IN  
ADVANCE BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED  
DIRECTORS OR MEMBERS, EVEN THOUGH THE DISINTERESTED DIRECTORS OR MEMBERS  
MAY CONSTITUTE LESS THAN A QUORUM; AND
- (3) THE CONTRACT OR TRANSACTION IS FAIR TO THE CORPORATION AS OF THE TIME  
IT IS AUTHORIZED, APPROVED OR RATIFIED BY THE BOARD.

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INTERESTED DIRECTORS, OFFICERS OR OTHER INTERESTED INDIVIDUALS SHALL RECUSE THEMSELVES FROM BOARD MEETINGS DURING BOTH DISCUSSION AND VOTING IN CONNECTION WITH POTENTIAL OR ACTUAL CONFLICT OF INTEREST SITUATIONS. AN INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS IF HE OR SHE OTHERWISE RECUSES HIMSELF OR HERSELF.

INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD AT WHICH THE BOARD AUTHORIZES THE CONTRACT OR TRANSACTION AT ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A: AG BELL REQUESTS A COMPENSATION REPORT FROM INSPERITY.

FORM 990, PART VI, SECTION C, LINE 19: THE COMPANY MAKES ITS GOVERNING DOCUMENTS AVAILABLE VIA WEBSITE, AND ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-239,237.
CHANGE IN THE VALUE OF SPLIT INTEREST TRUSTS	-7,007.
<b>TOTAL TO FORM 990, PART XI, LINE 5</b>	<b>-246,244.</b>

FORM 990, PART XII, LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

► Committee is the communication announced "Yao" to Form 800 Part IV line 33 34 35 36 or 37

Organization and Work

► Attach to Form 990.

ALEXANDER GRAHAM BELL ASSOCIATION  
THE DEAF AND HARD OF HEARING

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(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	(g) Section 512(b)(13) controlled entity?
						Yes
						No
A.G. BELL ACADEMY FOR LISTENING AND SPOKEN LANGUAGE - 51-0553307, 3417 VOLTA PLACE NW, WASHINGTON, DC 20007	CERTIFICATION OF LISTENING SPOKEN LANGUAGE SPECIALISTS	DISTRICT OF COLUMBIA	501(C)(6)			X

ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**ALEXANDER GRAHAM BELL ASSOCIATION FOR  
THE DEAF AND HARD OF HEARING**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)

**g** Purchase of assets from related organization(s)

**h** Exchange of assets with related organization(s)

**i** Lease of facilities, equipment, or other assets to related organization(s)

**j** Lease of facilities, equipment, or other assets from related organization(s)

**k** Performance of services or membership or fundraising solicitations for related organization(s)

**l** Performance of services or membership or fundraising solicitations by related organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**n** Sharing of paid employees with related organization(s)

**o** Reimbursement paid to related organization(s) for expenses

**p** Reimbursement paid by related organization(s) for expenses

**q** Other transfer of cash or property to related organization(s)

**r** Other transfer of cash or property from related organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>A.G. BELL ACADEMY FOR LISTENING AND SPOKEN LANGUAGE</b>	<b>D</b>	<b>123,365</b>	<b>HISTORICAL BALANCE</b>
<b>A.G. BELL ACADEMY FOR LISTENING AND SPOKEN LANGUAGE</b>	<b>A</b>	<b>58,872</b>	<b>CONTRACTED RATE</b>
<b>A.G. BELL ACADEMY FOR LISTENING AND SPOKEN LANGUAGE</b>	<b>N</b>	<b>151,375</b>	<b>SALARY ALLOCATION</b>
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

**Part VII** **Supplemental Information**

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

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization or other filer, see instructions. <b>ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 53-0196644
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3417 VOLTA PLACE, NW</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20007-2778</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

## THE ASSOCIATION

- The books are in the care of ► **3417 VOLTA PLACE, NW - WASHINGTON, DC 20007**

Telephone No. ► **202-337-5520** FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2011** or

►  tax year beginning  and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING</b>	Employer identification number (EIN) or <b>X 53-0196644</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3417 VOLTA PLACE, NW</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20007-2778</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**THE ASSOCIATION**

- The books are in the care of ► **3417 VOLTA PLACE, NW – WASHINGTON, DC 20007**

Telephone No. ► **202-337-5520**

FAX No. ►

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.

5 For calendar year **2011**, or other tax year beginning  and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification must be completed for Part II only.**

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

Signature ► *Jeffrey T. Ward* Title ► CPA

Date ► **8/2/12**

Form 8868 (Rev. 1-2012)