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DLN: 93493268000082

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public

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

	Revenue					•	Inspection
			lendar year, or tax year beginning 01-0 C Name of organization	01-2011 and ending 12-31-201	.1	D Employer i	dentification number
	еск пар Iress ch	pplicable nange	AMERICAN ŠPEECH-LANGUAGE-HEARING AS	SOCIATION		53-02404	174
	me chai	_	Doing Business As			E Telephone	
	ıal retu	_	Number and street (or P O box if mail is no	t delivered to street address) Deem/s	uto	(301)296	5-5700
_	mınate		2200 RESEARCH BOULEVARD	t delivered to street address) Room/si	ane	G Gross receip	rts \$ 73,758,980
	ended i		City or town, state or country, and ZIP + 4				
_		n pending	ROCKVILLE, MD 208503289				
			F Name and address of principal o	officer	H(a) Ic th	 s a group retu	urn for
			ARLENE A PIETRANTON		affilia		⊤Yes ▼ No
			2200 RESEARCH BOULEVARD ROCKVILLE,MD 208503289		H(h) Aro al	l affiliates incl	uded? Yes No
							st (see instructions)
I Ta	x-exem	npt status	501(c)(3) ✓ 501(c) (6) ◀ (insert n	o) 「4947(a)(1) or 「527		ip exemption	
J W	ebsite	e: ► www	w asha org				
K Forr	n of org	ganızatıon	Corporation Trust Association Ot	her 🕨	L Year of fo	mation 1947	M State of legal domicile KS
	rt I		mary				-
Governance	- -	HEARIN ⁱ COMMU	ERING AND SUPPORTING SPEECH-I G SCIENTISTS THROUGH ADVOCA NCIATION	CY, ADVANCING COMMUNIC,	ATION SCIEN	CE, AND PRO	OMOTING HUMAN
	l		nis box দ if the organization disconting			1	I
ጭ ያያ ው	l		of voting members of the governing bo			. 3	15
Ě	l		of independent voting members of the g mber of individuals employed in calend			5	290
Activities &	l		mber of volunteers (estimate if necess			6	565
	l		related business revenue from Part VII		7a	1,256,993	
	ьſ	Net unre	lated business taxable income from Fo	rm 990-T, line 34		7b	-269,294
				Prio	r Year	Current Year	
a.	8	Contril	butions and grants (Part VIII, line 1h)			87,059	·
Revenue	9	_	ım service revenue (Part VIII, line 2g)			45,768,658	
₩	10 11		rment income (Part VIII, column (A), l revenue (Part VIII, column (A), lines !			2,308,539 1,122,617	
	12		revenue—add lines 8 through 11 (must		e -	1,122,017	1,130,793
		12) .		 		49,286,873	
	13		s and similar amounts paid (Part IX, co			1,631,631	1,770,919
	14		ts paid to or for members (Part IX, coli es, other compensation, employee ben			0	0
\$	15	5-10)		siits (Part IX, Column (A), mies		27,456,688	28,677,421
Expenses	16a	Profes	sional fundraising fees (Part IX, colum	n (A), line 11e)		0	0
핓	Ь		ndraising expenses (Part IX, column (D), line 2				
	17		expenses (Part IX, column (A), lines 1			15,231,615	
	18 19		expenses Add lines 13–17 (must equi		44,319,934		
Net Assets or Fund Balances	13	veveill	ue less expenses Subtract line 18 fro	mine 12		4,966,939 g of Current ear	4,839,624 End of Year
See S	20	Total a	assets (Part X, line 16)			103,421,827	105,702,660
P. A.	21	Total I	ıabılıtıes (Part X, lıne 26)			72,014,465	84,295,076
	22		sets or fund balances Subtract line 2	i from line 20		31,407,362	21,407,584
	rt II		ature Block erjury, I declare that I have examined this	 			
know	ledge a ledge.	**** Signa	f, it is true, correct, and complete. Declar	ation of preparer (other than office	er) is based on		
			or print name and title	Date	Check If		payer identification number
Paid		signature			self- employed 🕨 🦳	(see instruction	ons)
Prepa	arer's		ame (or yours Grant Thornton LLP			ETNI &	
Use (Only		mployed), and ZIP + 4 $\frac{1}{2010}$ CORPORATE RIDGE SU	TTE 400		EIN Þ	

MCLEAN, VA 22102

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

Phone no 🕨 (703) 847-7500

Part	ш		rogram Service Acc contains a response to		III	
1	Brief	ly describe the organ	ızatıon's mıssıon			
HEAF	RINGS	SCIENTISTS BY AD	VOCATING ON BEHALF	OF PERSONS WITH CO	S, AUDIOLOGISTS, AND SPEE MMUNICATION AND RELATED MAN COMMUNICATION	
2		ne organization under rior Form 990 or 990		am services during the y	ear which were not listed on	Yes V No
	If "Ye	s," describe these ne	w services on Schedule C)		
3	servi	ces?		nıfıcant changes ın how ıt · · · · · · ·		Yes ✓ No
	If "Ye	es," describe these ch	anges on Schedule O			
4	exper	nses Section 501(c)	(3) and 501(c)(4) organız	ations and section 4947	three largest program services, (a)(1) trusts are required to reported each program service reported	
4a	(Cod	e)	(Expenses \$	including grants of \$) (Revenue \$)
	langu	lage, and hearing scientist clation and stimulates exch	s in the United States and inter	rnationally, ASHA promotes the	es who are speech-language pathologist individual and collective professional inte ed in the academic and clinical discipline	erests of the members of the
	(Cod	e)	(Expenses \$	including grants of \$) (Revenue \$)
	ASHA appro	encourages basic scientifi ppriate academic and clinIc	ic study of the process of individuals er	dual human communication wit ntering the profession and provi	th special reference to speech, language, ides maintenance of current knowledge anals), continuing education programs and	and skills of those within the
4c	(Cod	e)	(Expenses \$	including grants of \$) (Revenue \$)
			ersons with communication and I services and procedures conce		investigation and prevention of disorder	s of human communication and
4d	Othe	er program services	(Describe in Schedule O)		
	(Exp	enses \$	ıncludıng gra	ants of \$) (Revenue \$)
4e	Tota	ıl program service ex	penses ⊩ \$			

Form 990 (<u> </u>
Part IV	Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizathe United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	tions in 21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United S on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	tates 22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24 complete Schedule K. If "No," go to line 25			No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	· · 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \cdot	· · 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction a disqualified person during the year? If "Yes," complete Schedule L, Part I	on with 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pi year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E "Yes," complete Schedule L, Part I			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	yee, or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, subscontributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	stantial 27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, I instructions for applicable filing thresholds, conditions, and exceptions)	Part IV		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereon an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	of) was 28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		olete 32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	ns % 33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, II and V, line 1	I, IV, 34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(I	o)(13)? 35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	the 35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relations are supported by the section of the section	ited 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organiza and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 an Note. All Form 990 filers are required to complete Schedule O	38	Yes	
			orm 99 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 238			
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	Yes	
a	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			
b	return			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities account)?	4 a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
_	Organizations that may receive deductible contributions under section 170(c).	70		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	, [
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
4-2		14-		No
+a 	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection A. Governing Body and Management			
			Yes	No
1.	Enter the number of veting members of the governing body at the end of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		N -
L	taxable entity during the year?	16a		No
D	in test, and the organization follow a written policy of procedure requiring the organization to evaluate its	1		
	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?	16h		
	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		
Se 17	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

(301) 296-8648

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► YVONNE KANKAM-BOADU 2200 RESEARCH BLVD ROCKVILLE,MD 20850

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n one son er ar	e bo is bo nd a stee	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11200)	organizations
(1) Tommie L Robinson Jr Past President	10 0	Х						0	0	0
(2) Paul Rao President	10 0	X		Х				0	0	0
(3) Shelly S Chabon President-Elect	10 0	х						0	0	0
(4) George O Purvis Chair of Audiology Council	10 0	х						0	0	0
(5) Nancy B Alarcon Chair of SLP Council	10 0	×						0	0	0
(6) Neil T Shepard VP, Audiology Academic Affair	10 0	х						0	0	0
(7) M Jeanne Wilcox VP, SLP Academic Affairs	10 0	Х						0	0	0
(8) Jaynee A Handelsman VP, Aduiology Practice	10 0	Х						0	0	0
(9) Robert M Augustine VP for Finance	10 0	Х						0	0	0
(10) Thomas J Hallahan VP, Government Relations	10 0	х						0	0	0
(11) Barbara J Moore VP, Planning	10 0	х						0	0	0
(12) Karen Kırk VP, Science and Research	10 0	х						0	0	0
(13) Julie B Noel VP, SLP Practices	10 0	х						0	0	0
(14) Allan O Diefendorf VP, Standards&Ethics Audiology	10 0	х						0	0	0
(15) Jennifer B Watson VP, Standards&Ethics SLP	10 0	х						0	0	0
(16) Arlene A Pietranton Executive Director	60 0			х				373,690	0	163,072
(17) Charles Cochran CSO for Operation	50 0			Х				254,910	0	232,754

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

(A) Name and Title	(B) Average hours per week (describe (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compens from organizat	ated of other sation the
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
(18) Vicki Deal-Williams CSO for Multicultural Affair	50 0				х			207,716	0		49,463
(19) Lemmietta McNeilly CSO for SLP	50 0				х			189,721	0		40,822
(20) Margaret Rogers CSO for Science & Research	50 0				х			197,948	0		33,035
(21) Vic S Gladstone CSO for Audiology	50 0				х			246,033	0		173,446
(22) Martin Rome CSO for Communication	50 0					х		153,646	0		37,230
(23) Michael Guerrieri Director, Information Systems	50 0					х		166,931	0		44,107
(24) Stan Dublinske Senior Advisor for Planning	50 0					х		145,435	0		63,223
(25) Robert C Mullen Director, National CTR for EBP	50 0					Х		143,956	0		50,184
(26) Yvonne Kankam-Boadu Director, Finance	50 0					х		137,432	0		40,014
1b Sub-Total	<u></u>						F				
c Total from continuation sheets t	o Part VII, Sect	ion A		•	•		P				
d Total (add lines 1b and 1c)			•	•			F	2,217,418	0		927,350
Total number of individuals (inclu \$100,000 of reportable compens					ted a	ibove)) who	received more tha	n	Yes	No

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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		Yes	
_	D.d		103	<u> </u>
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 I for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Apextech LLC 2300 North Pershing Drive ARLINGTON, VA 22210	п	497,505
Kilpatrick Townsend Stockton LLP 1100 Peachtree St NE Suite 2800 ATLANTA, GA 30309	Professional service	191,944
Solutions Developers 45240 Business Court DULLES, VA 20166	п	180,330
Grant Thornton LLP 33960 Treasury Center CHICAGO, IL 60694	Auditing Service	176,466
Valente Associates 600 Fourteen St NW 5th Floor WASHINGTON, DC 20005	Professional service	161,668
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Form 99			f Dougnes					Page 9
Part	/*** 1	Statement o	T Kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ats ats	1a	Federated camp	paigns 1a					
豆茵	b	Membership du	es 1b					
S, G	c	Fundraising eve	ents 1 c					
Æ	d	Related organiz	ations 1d					
% ≣	e	Government grants	s (contributions) 1e	51,971				
<u>은</u> 교	f		ons, gifts, grants, and 1f	65,000				i
돌	g	similar amounts no	t included above butions included in					
돌 유	9							
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶	116,971			
				Business Code				
nue	2a	MEMBER DUES		900099	32,945,948	32,945,948		
<u>용</u>	ь	CONVENTION REVE	ENUE	900099	4,318,935	4,318,935		
93	c	SUBSCRIPTIONS AN	ND PUBLICATIONS	900099	1,719,600	1,719,600		
<u>.</u> ₹	d	ADVERTISING		541800	1,474,826		1,474,826	
အ =	e	CONTINUING EDUC	CATION	900099	2,640,368	2,640,368		
มาล	f	All other progra	ım service revenue		4,391,935	4,391,935		
Program Serwce Revenue	g	Total Add lines	s 2a – 2f	L	47,491,612			
	3		ome (including dividen		47,431,012			
			aramounts)		765,935			765,935
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		▶ [1,002,090			1,002,090
			(ı) Real	(II) Personal				
	6a	Gross rents	343,755					
	b	Less rental expenses	689,740					
	c	Rental income or (loss)	-345,985					
	d		me or (loss)		-345,985		-217,833	-128,152
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	23,541,319	2,610				
		assets other than inventory						
	ь	Less cost or other basis and	21,094,366	2,254				
		sales expenses	2.445.052	955				
	c	Gain or (loss)	2,446,953	356	2,447,309			2 447 200
	d 8a	Net gain or (los		,▶	2,447,309			2,447,309
Φ	Ga	Gross income fi events (not incl						
Other Revenue		\$						
ě		See Part IV, lin	reported on line 1c)					
Œ			а					
Ŧ.	b	Less direct ex	penses b					
0	С		loss) from fundraising	events 🟲	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		0001 010117,	a a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gamıng actı	vities	o			
	10a	Gross sales of returns and allo						
		returns and and	a a					
	ь	Less cost of go	oods sold b					
	c		loss) from sales of inv	entory 🟲	o			
		Miscellaneous	s Revenue	Business Code				
	11a	MISC REVENU	JE	900099	494,688	494,688		
	b							
	c							
	d	All other revenu						
	е	Total. Add lines	311a-11d		494,688			
	12	Total revenue	See Instructions .	▶				
				· · <u> </u>	51,972,620	46,511,474	1,256,993	4,087,182 Form 990 (2011)

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

	leck if Schedule O contains a response to any question in this Part 1x			· · · · · · · · · · · · · · · · · · ·	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(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	1,726,119			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	44,800			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,126,897			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7					
7	Other salaries and wages	19,353,551			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,770,477			
9	Other employee benefits	2,882,570			
10	Payroll taxes	1,543,926			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	232,856			
c	Accounting	167,316			
d	Lobbying	164,319			
	Professional fundraising See Part IV, line 17	104,319			
e					
f	Investment management fees	259,656			
g	Other	1,779,228			
12	Advertising and promotion	0			
13	Office expenses	2,922,882			_
14	Information technology	876,472			
15	Royalties	0			
16	Occupancy	2,336,258			
17	Travel	635,696			_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,432,663			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,653,009			
23	Insurance	192,215			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	UBI TAX	100			
ь	PUBLICATIONS	1,605,955			
c	CAA/PSB SITE VISITS	177,382			
d	EMPLOYMENT COSTS	78,997			
e					
f	All other expenses	169,652			
25	Total functional expenses. Add lines 1 through 24f	47,132,996			
26	Joint costs. Check here ► ☐ If following	,132,330			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				F	orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 0 0 1 1 22.315.835 2 26.093.631 2 3 21,340 3 16,547 445.627 480.079 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 0 8 9 2,198,842 9 1,735,377 Prepaid expenses and deferred charges 10a 62,581,932 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 16,323,486 b Less accumulated depreciation 46,562,281 10c 46,258,446 30,661,981 11 29,846,832 11 12 12 Investments—other securities See Part IV, line 11 0 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 1,215,921 15 1,271,748 15 103,421,827 16 105,702,660 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4,564,693 17 4,941,878 17 Accounts payable and accrued expenses . 18 18 19 26,173,390 19 27,009,592 20 0 20 Ω ol 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 27,172,311 23 25,672,311 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 14,104,071 25 26,671,295 D 26 72,014,465 26 84,295,076 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 31,407,362 27 21,407,584 Unrestricted net assets 0 28 0 28 Temporarily restricted net assets Fund 29 0 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 31.407.362 33 21.407.584 34 Total liabilities and net assets/fund balances 103.421.827 34 105.702.660

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,9	72,620
2	Total expenses (must equal Part IX, column (A), line 25)	2			.32,996
3	Revenue less expenses Subtract line 2 from line 1	3		4,8	39,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		31,4	107,362
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-14,8	39,402
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		21,4	107,584
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	▼ Separate basis				
За	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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \cdot .	required	3b		

DLN: 93493268000082

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of	the org	anızatıon			
AMERICAN	SPEECH	-LANGUAGE-	HEARING	ASSOCIAT	ION

Employer identification number

53-0240474

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- Volunteer hours

Part I-B	Complete if the organization is exempt under section 501(c)(3).	

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 F17,000		-			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1g from line 1a If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

	(election under section 501(n)).	(a)		(a)		(b)
		Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Ī			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ			
d			ļ			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c))(5), o	r section		

501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes".

1	Dues, assessments and similar amounts from members	1	33,691,906
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	659,866
b	Carryover from last year	2b	
c	Total	2c	659,866
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,347,676
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-687,810

Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493268000082

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION 53-0240474 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit 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 (chec	k all	that apply)	
	Preservation of land for public use (e g , recreation or pleasure)	\vdash	Preservation of an historically importantly land area	
	Protection of natural habitat	Γ	Preservation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified conservation easement on the last day of the tax year	ı cor	tribution in the form of a conservation	

- Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_
- Number of states where property subject to conservation easement is located ▶_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

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

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal T	reası	ures, or O	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	owing	that a	re a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	orex	change progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furth	er the	organızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	nizatio			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribi	utions	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Amo	unt	
С	Beginning balance							1c	Allo		
d	Additions during the year						-	1d			
e	Distributions during the year						<u> </u>	1e			
f	Ending balance						-	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	e 212	,			L		Г	Yes	□ No
	If "Yes," explain the arrangement in Part XIV		C 21						,		, 110
	rt V Endowment Funds. Complete		n ans	.wer	od "Ye	s" to	Form 990	Par	t IV line 10		
	Endownient i anabi complete	(a)Current Year)Prior			wo Years Back			e) Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as						•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	re hel	d and	admınıstered	l for	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•				•			3b		
4	Describe in Part XIV the intended uses of th					1.0					
Par	t VI Land, Buildings, and Equipme	e nt. See Form 99	0, Pa	art X	, line	10.			ı		
	Description of property				Cost or s (inves		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land						7,834	,685			7,834,685
b I	Buildings		•				36,366,	328	3,702,367	3	32,663,961
c l	Leasehold improvements						1,224	179	298,893		925,286
d I	Equipment						17,030,	601	12,322,226		4,708,375
_e (Other	<u></u>	-				126,	,139			126,139
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).) .		•	►	4	16,258,446
ota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B), line	10(c).) .			Schedule D (

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
——————————————————————————————————————	(B) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
	<u>, , , , , , , , , , , , , , , , , , , </u>		(-)
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
PAYABLE TO AFFILIATES	_		
	2,675,865		
PENSION LIABILITY	20,438,808		
MORTGAGE INTEREST PAYABLE	72,661		
INTEREST RATE SWAP	3,483,961		
	+		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	26,671,295		

T.	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	51,972,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	47,132,996
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,839,624
4	Net unrealized gains (losses) on investments	4	-3,816,381
5	Donated services and use of facilities	5	-225,85!
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,797,160
9	Total adjustments (net) Add lines 4 - 8	9	-14,839,40
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,999,778
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	37,789,058
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-14,613,647
3	Subtract line 2e from line 1	3	52,402,70!
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 259,656		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	-430,08!
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	51,972,620
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	47,788,836
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 689,641		
e	Add lines 2a through 2d	2e	915,496
3	Subtract line 2e from line 1	3	46,873,340
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 259,656		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	259,656
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	47,132,996
Dar	t 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 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

Identifier	Return Reference	Explanation
Part X, Line 2		The Association recognizes tax positions on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Association does not believe it has any material uncertain tax positions.
Part XI, Line 8		Pension Related loss \$(9,209,314) Unrealized loss on Interest rate swap \$(1,587,846) total \$(10,797,160)
Part XII, Line 2b		Pension Related loss \$(9,209,314) Unrealized loss on Interest rate swap \$(1,587,846) UBI tax \$ (100) total \$(10,797,260)
Part XII, Line 4b		Rental expenses \$ (689,741)
Part XIII, Line 2b		Rental expenses \$ 689,741 UBI tax \$ (100)total \$ 689,641

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Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493268000082

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number

53-0240474

Form 990, Part I'	V, line 21 for any	o Governments and recipient that received 90) if additional space	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Speech Language Hearing Foundation2200 Research Blvd Rockville, MD 20850	52-6055761	501(c)(3)	5,700				Contribution
(2) Texas Tech University 3601 4th St Ste 6073 Lubbock,TX 79430	75-2668014	Government	9,791				Multicultural grants
(3) Queens College CUNY 55-30 Kissena Blvd 349 Flushing, NY 113671597	11-3198190	Government	15,000				Multicultural grants
(4) Adelphi University1 South Avenue Garden City,NY 11530	11-1630741	501(c)(3)	10,000				Multicultural grants
(5) MGH Inst of Health Professions36 First Avenue Charlestown, MA 02129	04-2868893	501(c)(3)	14,970				Multicultural grants
(6) California SLHA825 Jniversity Avenue Sacramento, CA 95825	94-6125447	501(c)(6)	21,300				Stipend & reimbursement
(7) Colorado SLHAP O Box 345 Sedalia, CO 801350345	84-0745204	501(c)(6)	7,000				Personnel grant
(8) Florida Association of SLPA222 South Westmonte Dr 101 Altamonte Springs, FL 32714	30-0151358	501(c)(6)	6,000				Personnel grants
9) American Speech Language Hearing Foundation2200 Research Blvd Rockville, MD 20850	52-6055761	501(c)(3)		1,593,455			Pledge

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Advancing Academic-Research Careers	2	10,000			
(2) Students Preparing for Academic & Research Careers	10	10,000			
(3) Audiology/Hearing Science Research Travel Award	13	6,500			
(4) Student Research Travel Award	24	12,000			
(5) Student Ethics Essay Award	3	1,500			
(6) MSLP	32	4,800			

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

Identifier	Return Reference	Explanation
NOTE 1	SCH I, PART I, LINE 2	For grantees supported through ASHA grants, the procedures for monitoring use of grant funds are established on a per-grant basis. Applications are reviewed by ASHA grant issuing departments. Once grantees are selected, grant activities are monitored throughout the life of the grant. Budgets submitted with the grant application, as well as throughout the life of the grant, are reviewed, and unclear items are questioned and clarified before final approval or rejection. Grantees typically submit a mid-term report in addition to a yearend report reflecting progress made, budget, scope, etc. The final report is due upon grant project completion and includes a summary of all approved changes, and any product(s) developed using grant funds. Sometimes the final report is reviewed before final grant funding is disbursed.

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Speech Language Hearing Foundation2200 Research Blvd Rockville, MD 20850	52- 6055761	501(c)(3)	5,700				Contribution
Texas Tech University3601 4th St Ste 6073 Lubbock,TX 79430	75- 2668014	Government	9,791				Multicultural grants
Queens College CUNY65-30 Kissena Blvd 349 Flushing,NY 113671597	11- 3198190	Government	15,000				Multicultural grants
Adelphi University1 South Avenue Garden City, NY 11530	11- 1630741	501(c)(3)	10,000				Multicultural grants
MGH Inst of Health Professions36 First Avenue Charlestown, MA 02129	04- 2868893	501(c)(3)	14,970				Multicultural grants
California SLHA 825 University Avenue Sacramento, CA 95825	94- 6125447	501(c)(6)	21,300				Stipend & reimbursement
Colorado SLHAP O Box 345 Sedalia, CO 801350345	84- 0745204	501(c)(6)	7,000				Personnel grant
Florida Association of SLPA222 South Westmonte Dr 101 Altamonte Springs, FL 32714	30- 0151358	501(c)(6)	6,000				Personnel grants
American Speech Language Hearing Foundation2200 Research Blvd Rockville, MD 20850	52- 6055761	501(c)(3)		1,593,455			Pledge

DLN: 93493268000082

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	ERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION	240474			
Pa	rt I Questions Regarding Compensation	240474			
	tues none no gar anny compensation			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the				
	First-class or charter travel Housing allowance or residence for person				
	Travel for companions Payments for business use of personal re				
	Tax idemnification and gross-up payments Health or social club dues or initiation fe	es			
	Discretionary spending account Personal services (e.g., maid, chauffeur,	chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payme reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	_	ь		
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	,	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract				
	✓ Independent compensation consultant				
	Form 990 of other organizations Approval by the board or compensation of	committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the file or a related organization	ing organization			
а	Receive a severance payment or change-of-control payment?	4	la		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4	ŀЬ	Yes	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4	lc l		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Par	tIII			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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				
а	The organization?	5	ā		
b	Any related organization?	5	ъb		
	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				
а	The organization?	ε	ia		
b	Any related organization?	ε	5b		
	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-fixe 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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," described in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in F	Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Arlene A Pietranton	(I) (II)	304,358 0	0 0	69,332 0	137,297 0	25,775 0	536,762 0		
(2) Charles Cochran	(ı) (ıı)	232,496 0	0 0	22,414 0	204,875 0	27,879 0	487,664 0		
(3) Vıckı Deal-Williams	(ı) (ıı)	185,032 0	0	22,684 0	24,827 0	24,636 0	257,179 0		
(4) Lemmietta McNeilly	(I) (II)	171,345 0	0	18,376 0	14,178 0	26,644 0	230,543		
(5) Margaret Rogers	(ı) (ıı)	196,986 0	0	962 0	15,957 0	17,078 0	230,983		
(6) Vic S Gladstone	(ı) (ıı)	180,889 0	0	65,144 0	148,594 0	24,852 0	419,479 0		
(7) Martin Rome	(ı) (ıı)	151,559 0	0	2,087 0	12,531 0	24,699 0	190,876 0		
(8) Mıchael Guerrieri	(I) (II)	156,979 0	0	9,952 0	18,080 0	26,027 0	211,038 0		
(9) Stan Dublinske	(ı) (ıı)	135,919 0	0	9,516 0	51,738 0	11,485 0	208,658		
(10) Robert C Mullen	(ı) (ıı)	134,014 0	0	9,942 0	23,954 0	26,230 0	194,140 0		
(11) Yvonne Kankam- Boadu	(I) (II)	131,304 0	0	6,128 0	11,261 0	28,753 0	177,446 0		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
PART I, Line 4b		ARLENE A PIETRANTON, 457(B) PLAN for 2011 \$16,500
Part II		Employees listed, Line I, column C - Retirement and other deferred compensation ASHA has a defined benefit (DB) retirement plan covering most employees hired before January 1, 2003, and a defined contribution (DC) plan for other eligible employees hired on or after the date. The defined benefit plan is based on the actuarial calculation of the change in the lump sum value of accrued benefit. This calculation varies based on compensation, years of service, and age. The defined contribution plan amount is based on a percentage of salary.
Part II		THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES OF AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION WORK 50+HOURS PER WEEK

Schedule J (Form 990) 2011

DLN: 93493268000082

Inspection

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

53-0240474

Employer identification number

Identifier	Return Reference	Explanation
PART III, LINE 4D	OTHER PROGRAM SERVICES	Other expenses to enable the Association to accomplish its mission
PART VI, SECTION A, LINE 6	ORGANIZATION MEMBERS AND STOCKHOLDERS	ASHA is a professional membership association with 150,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Asha's membership consists of the following. Certified audiologists, Certified speech-language pathologists, Dually certified, Speech language hearing scientists, and Non certified.
PART VI, SECTION A, LINE 7A	ELECTION OF GOVERNING BODY MEMBERS	ASHA members elect its board of directors by voting as follows 1)Asha members who are certified audiologists vote for Board of Directors (BOD) candidates for audiology-designated BOD offices 2) Asha members who are certified speech-language pathologists vote for BOD candidates for the speech-language-pathology-designated BOD offices 3)Asha's entire membership vote for non-professional specific BOD officers
PART VI, SECTION A, LINE 11A	FORM 990 REVIEW PROCESS	ASHA's form 990 is prepared and detailed reviewed by its outside accountants, Grant Thornton a final draft of form 990 will be detailed reviewed by ASHA's finance staff, director of finance, chief staff officer for operations, and executive director before presenting the 990 to the board of directors prior to filing
PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY	The conflict of interest policy is reviewed annually for BOARD OF DIRECTORS and on an on-going basis for all employees. Each Board of Director and Employee is expected to avoid any action or involvement that would compromise the Association. This includes the following 1) Having a financial interest, or a family member with a financial interest, in an outside concern from which ASHA purchases goods or services. 2) Conducting business on behalf of ASHA with a member of the director's or employee's family or a business organization in which the director or employee or a member of his or her family has a significant interest. In the event a volunteer leader wishes to partake in an activity or association that would create or appear to create a conflict of interest, the volunteer leader must disclose the proposed outside activity or association to the chair of the board or committee. The chair shall decide whether the outside activity or association can be accommodated in such a way that the conflict of interest is avoided without resulting in significant hardship to ASHA. This may include requiring the volunteer leader to recuse himself or herself from making business or policy decisions on behalf of ASHA that are related to or in conflict with the outside activity or association and from recommending or providing input for such decisions. If the chair decides that ASHA is able to make an accommodation that would eliminate a conflict of interest without imposing significant hardship on the organization, and if the volunteer leader is agreeable to it, the volunteer leader may engage in the outside activity or association. In the event that the ASHA president believes he or she has a potential conflict, he or she should disclose the outside activity or association to the immediate past president.
PART VI, SECTION B, LINE 15 A&B	COMPENSATION PROCESS	Annually ASHA contracts with Quatt Associates, outside consultants, to provide an independent and market driven compensation package for the executive director and all staff positions. The following elements are included in the process for determining compensation for these positions. 1)Quatt Associates reviews all of the positions, including the Executive Director's position. The BOD approves and works directly with the consultant regarding the Executive Director's position. 2)Quatt Associates provides market data for the determination of compensation for the Executive Director and all other positions. 3)The President documents the discussion regarding compensation for the Executive Director's position and forwards instructions to the Chief Staff officer for operations. 4)All other staff position salary ranges are established (based on Quatt's review.), subject to the approval of Executive Director. The organization does not have a review process for compensation for the Board of Director since the board members do not get compensation from the organization.
PART VI, SECTION B, LINE 19	DOCUMENT AVAILABILITY	ASHA posts its bylaws, annual audited financial statements on the organization's website
Part XI, Line 5	Other Changes in net assets	Unrealized loss on Investments \$(3,816,387) Pension Related loss \$(9,209,314) Unrealized loss on Interest rate swap \$(1,587,846) Donated Services \$ (225,855) total \$(14,839,402)
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Arlene A Pietranton TITLE Executive Director HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Martin Rome TITLE CSO for Communication HOURS 1

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

DLN: 93493268000082

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2011

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

53-0240474 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) FALLSGROVE HOLDING LLC 2200 research boulevard **ASHA** Prop Owner MD 343,755 ROCKVILLE, MD 20850 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (c) Section 512(b)(13) Legal domicile (state Direct controlling Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) AMERICAN SPEECH LANGUAGE HEARING FOUND 2200 RESEARCH BLVD 9 educational MD 501(c)(3) Yes ROCKVILLE, MD 20850 52-6055761 (2) NAT ASSOC FOR HEARING AND SPEECH ACT 2200 RESEARCH BLVD DC 501(c)(3) 11A Yes educational ROCKVILLE, MD 20850 53-0196545 (3) ASHA POLITICAL ACTION COMMITTEE 2200 RESEARCH BLVD POLITICAL KS 527 No n/a rOCKVILLE, MD 20850 52-1515473

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No			
												i		

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Pai	t V	Transactions With Related Organizations (Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 Du	ırıng tl	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	ızatıons lısted ın Parts	s II-IV?					
а	Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b	b Gift, grant, or capital contribution to related organization(s)								
c	Gıft, g	rant, or capital contribution from related organization(s)			10		No		
d	d Loans or loan guarantees to or for related organization(s)								
e	Loans	or loan guarantees by related organization(s)			1e	:	No		
							 		
f		fassets to related organization(s)			1f	_	No		
g		ase of assets from related organization(s)			1g		No		
h		nge of assets with related organization(s)			1h	+	No		
i	Lease	of facilities, equipment, or other assets to related organization(s)			1 <u>i</u>		No		
j	Lease	of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No		
k		mance of services or membership or fundraising solicitations for related organization(s)			1k		+-		
	I Performance of services or membership or fundraising solicitations by related organization(s)								
		g of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n Yes	+-		
		g of paid employees with related organization(s)			1n	Yes	+		
							\top		
o	Reiml	ursement paid to related organization(s) for expenses			10	Yes			
р	Reıml	ursement paid by related organization(s) for expenses			1 p	Yes			
							 		
q		transfer of cash or property to related organization(s)			1q		No		
r	Other	transfer of cash or property from related organization(s)			1r	'	No		
	Iftho	answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onchine and transact	uon thrasholds				
	Ti tile		(b)		(d)				
		(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determine		ount		
(1) Se	e Addıtı	nal Data Table	τ, μο(α .)						
(2)									
(2)									
(3)									
(4)									
(5)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	American Speech Language Hearing Foundaiton	b	1,599,155	
(2)	American Speech Language Hearing Foundaiton	k	129,385	
(3)	American Speech Language Hearing Foundaiton	m	98,816	
(4)	American Speech Language Hearing Foundaiton	n	127,039	
(5)	American Speech Language Hearing Foundaiton	0	6,375	
(6)	American Speech Language Hearing Foundaiton	р	383,358	
(7)	National Assoc for Hearing and Speech Action	m	5,209	
(8)	National Assoc for Hearing and Speech Action	n	42,936	
(9)	National Assoc for Hearing and Speech Action	0	4,681	
(10)	National Assoc for Hearing and Speech Action	р	19,223	

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING

ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description