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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling sanizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

For the 2011 calendar year, or tax year beginning and ending В Check if applicable D Employer identification number C Name of organization Address change 92-0103002 THE ALASKA SPEECH-LANGUAGE HEARING ASSOC Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/surte E Telephone number Initial return 1327 KALAKAKET STREET 907-452-4517 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return AK 99709-4917 Number > FAIRBANKS, Application pending H Check X If the organization is not X Cash Accrual Other (specify) G Accounting Method: Website: WWW.AKSHA.ORG required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) () **◄**(insert no.) ____ 4947(a)(1) or [527 (Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 59,762. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I $\overline{\mathbf{x}}$ 5,750. Contributions, gifts, grants, and similar amounts received 1 45,732. 2 Program service revenue including government fees and contracts 2 8,255. 3 Membership dues and assessments 3 SEE SCHEDULE O 4 25. Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less; cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue 6a \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SCANNED TECK 4 2012 stassed and Other revenue (describe in Schedule O) 8 59,762. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7d, and 8 9 SCHEDULE 1,000. Grants and similar amounts paid (list in Schedule O 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employed penefits NOV 1 8 2012 12 Professional fees and other payments to independent contractors 13 13 450. 14 Occupancy, rent, utilities, and maintenance 14 2,381. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 57,273. Other expenses (describe in Schedule O) 16 61,104. Total expenses. Add lines 10 through 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) <1,342.> 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 51,995. (must agree with end-of-year figure reported on prior year's return) 19 SEE SCHEDULE O 1,245. 20 Other changes in net assets or fund balances (explain in Schedule O) 51,898. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form 990-EZ (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990-EZ (2011) , THE ALASKA SPEECH-LANGUAG		<u>ASSC</u>	OC !	<u>92-</u>	01030	02 Page 2
Pa	art II Balance Sheets. (see the instructions for Part II.						
	Check if the organization used Schedule O to res	spond to any que	estion	in this Part II		<u> </u>	<u> </u>
			(A)	Beginning of year		(B) E	nd of year
22	Cash, savings, and investments			51,995	. 22		<u>51,898.</u>
23	Land and buildings	-			23		
24	Other assets (describe in Schedule 0)				24		
25	Total assets			51,995	. 25		51,898.
26	Total liabilities (describe in Schedule 0)			0	. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			51,995			51,898.
Pá	art III Statement of Program Service Accomplishmen	nts (see the instr	ructio	ns for Part III.)		Ex	
	Check if the organization used Schedule O to res	spond to any que	estion	in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C)					and 501(c)(4) ons and section
Desc	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	xpenses	In a clear and concise		4947(a)(1) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform					for others.	.)
28	SEE SCHEDULE O			_			
	(Grants \$) If this amount includes foreign	arants, check here		•		28a	61,104.
29							
						1 1	
	(Grants \$) If this amount includes foreign	grants, check here		•	\Box	29a	
30	7 in this amount morados foreign.	granto, oriook rioro			<u></u>		
•							
	(Grants \$) If this amount includes foreign (rants check here			\Box	30a	
21	Other program services (describe in Schedule O)	grants, cricck ricic			<u> </u>	1000	
J1	(Grants \$) If this amount includes foreign	grante check here				31a	
22	Total program service expenses (add lines 28a through 31a)	grants, check here			_	32	61,104.
25	Total program service expenses (add lines 20a imodgi 5 ra)						
I Pa	art IV List of Officers, Directors, Trustees, and Key E	mplovees. Let each	h one eve	in if not companeated (s	ead the	inethictions f	or Part IV \
Pa	art IV List of Officers, Directors, Trustees, and Key E					instructions f	
<u>Р</u> а	Check if the organization used Schedule O to res	spond to any que	estion	in this Part IV	· 	_	X
	Check if the organization used Schedule O to res	spond to any que	estion hours	in this Part IV (c) Reportable compensation (Forms	(d) He	alth benefits,	(e) Estimated
<u>P</u>		spond to any que	estion hours to	in this Part IV	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred	X
	Check if the organization used Schedule O to res	spond to any que (b) Title and average I per week devoted position	estion hours to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
NI	Check if the organization used Schedule O to res (a) Name and address CHOLE LACHANCE, 1327 KALAKAKET ST,	(b) Title and average I per week devoted position	estion hours to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	aith benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
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	990-EZ (2011) THE ALASKA SPEECH-LANGUAGE HEARING ASSOC 92-010			Page 3
PE	other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			[37]
	instructions for Fart V.) Offects in the organization used Scri. O to respond to any question in t	1113 1 6		X
22	Did the executation energy is any againfront activity not argue uply reported to the IDCO If Was * provide a detailed description of each		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	200		.
24	activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	_	X
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
25.	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34	<u> </u>	^
oo a	on lines 2, 6a, and 7a, among others)?	35a		x
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax	330	14/	-
·	requirements during the year? If "Vee " complete Schedule C. Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	336	<u> </u>	1
00	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.5		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	_		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ļ
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		
44	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed. ► AK The organization's books are in care of ► JAINA HULBERT-BILLINGS Telephone no. ► 907-4	52-4	517	
72.4	Located at > 1327 KALAKAKET ST, FAIRBANKS, AK ZIP+4			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u>,,,,</u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	_	Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
_	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 990-EZ .	44b	 	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1		
4-	In Schedule O	44d	_	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X
40 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
_	3 12/D/(10). II 103, 101111 330 and Solicanic II may need to be completed histead of Form 330-EZ (See histiactions)	Form 9	00-57	<u> </u>

Page 3

Form 990-EZ (2	2011)	THE	ALASKA	SPEE	CH-LANG	UAGE	HEARI	NG ASS	OC	92-0103	002		Page 4
•			*					· <u> </u>				Yes	No
46 Did the or	rganizatioi	n engage, d	irectly or indir	ectly, in pol	itıcal campaıgn a	activities or	n behalf of o	r ın oppositioi	n to candidates for p	ublic office?			
		chedule C,		-							46		Х
				izations	and section	on 4947	(a)(1) no	nexempt	charitable tru	sts only. A	l section	วก 501	(c)(3)
								-	ns 47-49b and 52,	_			. , . ,
	•								tion in this Part VI	•			
								2				Yes	No
47 Did the or	rnanizatioi	n engage in	Inhhving actr	vities or hav	e a section 501/	(b) election	un effect du	ring the tax ve	ar? If "Yes," complet	e Sch. C. Part II	47		X
	-				(b)(1)(A)(ä)? If "			-	ia. 11 100, 0011p101	o oo o, . a	48		X
					on-charitable rel	•	•			•	49a		X
	-	-	zation a section			iatoa organ	nzution ·	• •			49b		
-		-				ninvees (at	her than offe	cers directors	s, trustees and key e	mninvees) who		cewed i	more
•		_		-	f there is none,			oor 3, an ootor .	s, il distocs and noy o	inployees/ wile	Juon 10	001100	
than with			address of ea			1		verage hours	(C) Reportable	(d) Health benef	ite //	e) Estim	ated
	(a)		nore than \$100		•	(0)	per week d		compensation (Forms	contributions to	مأماه	ount of	
		,		NON	r		posit		W-2/1099-MISC)	plans, and defen	ed co	mpens	
-				IVOIV	<u> </u>			 		compensation	+		
											-		
										-	+		
											$+\!\!\!-$		
										 	+		
													
											+		
			ees paid over					<u> </u>					
						ependent c	ontractors w	tho each recei	ved more than \$100	,000 ot compen	sation t	rom the	9
			enter "None."	NON						1			
(a) Name and	d address	of each inc	ependent con	tractor paid	more than \$100	0,000		(b) Type o	of service	(c	Comp	ensatio	<u>n</u>
													
						<u> </u>							
						_							
	_									•			
d Total nun	nber of otl	her indeper	ident contract	ors each rec	eiving over \$10	00,000			-				
52 Did the o	rganızatıo	n complete	Schedule A?	Note: All sec	tion 501(c)(3) c	organizatio	ns and 4947	(a)(1) nonexe	empt			_	_
charitable	trusts m	ust attach a	completed So	chedule A	— , ,					<u> </u>	X Y	es L	<u> No</u>
Under penalties of Declaration of pre	f perjury, I o parer (other	than officer	nave examined to is based on all ir	his return, incl iformation of v	uding accompanyir vhich preparer has	ing schedules any knowled	s and statemen ige	its, and to the bi	est of my knowledge and	belief, it is true, o	элгесt, аг	nd comp	lete
	Ser	N	J/LPYI	10						1119112			
Sign Here	Signature	of officer		()						Date	`		
e.e	JAI	NA HU	JLBERT-	BILLI	NGS, TR	REASUF	RER						
	Type or p	orint name an	d title										
	Print/Ty	pe prepare	r's name		Preparer's sign	nature		Date	Check	f PTIN			
Paid	1	-				/	M		self- emplo	yed			
Preparer	DEBR	AJ.	GROSS			wa	-/ +	11/06	712	P00	167	123	
Use Only				PROFF	SSIONAL	CORF	PORATI			▶ 92-01			
					ARNETTE		ITE 10	··	Phone no	(005)			56
					AK 9970	-		-	i none no	. (507)	4 J 4	41	J 0
May the IDC d	Lauren thin	rotura well			/e? See instructi						X Ye		No
iviay lile ino ul	ogusa IIIIS	recuin Will	i ine hichaigi	SHOWII AUU	OCC 111311 UCU	111111111111111111111111111111111111111						<u>28 ∟</u> 19∩-F7	

SCHEDULE A, (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Employer identification number

2011

Open to Public Inspection

Name of the organization

92-0103002 THE ALASKA SPEECH-LANGUAGE HEARING ASSOC Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III · Functionally integrated d Type III - Other __ Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ni) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 aovernina document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf					-	
3	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			T	•	r	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	l					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		-				
9	Net income from unrelated business				•		
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	=	•			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or lifth to	ax year as a sectio	n 501(c)(3)	, m
200	organization, check this box and stop ction C. Computation of Publi		rcentage				
	Public support percentage for 2011 (Stump (f)		14	
	Public support percentage from 2010		•	Zolullili (I))	•	15	<u>%</u>
	33 1/3% support test - 2011. If the c			n line 13 and line	 14 is 33 1/3% or n		
iva	stop here. The organization qualifies				1410 00 17070 01 11	nore, encourting be	▶ □
h	33 1/3% support test - 2010. If the co				Une 15 is 33 1/3%	or more check th	nis box
	and stop here. The organization qual						 ▶ □
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · ·			e 13, 16a. or 16b.	and line 14 is 10%	or more.
174	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•			▶□
h	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the *facts-and-circ						▶□
18	Private foundation, If the organization		_		-		s
<u> </u>						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 THE ALASKA SPEECH-LANGUAGE HEARING ASSOC92-0103002 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	olow, piedeo oomp	1010 1 421 11.7						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Gifts, grants, contributions, and						•		
	membership fees received (Do not								
	include any "unusual grants ")	19,098.	8,205.	4,991.	9,331.	14,005.	55,630.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,409.	51,309.	36,432.	42,618.	45,732.	209,500.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	52,507.	59,514.	41,423.	51,949.	59,737.	265,130.		
	Amounts included on lines 1, 2, and	-,					, _ <u>,</u>		
	3 received from disqualified persons	ļ	ı				0.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
(Add lines 7a and 7b						0.		
	Public support (Subtract line 7c from line 6)						265,130.		
	ction B. Total Support		•	•			·		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 6	52,507.	59,514.	41,423.	51,949.	59,737.	265,130.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,803.	1,063.	535.	496.	1,213.	5,110.		
ŀ	Unrelated business taxable income						3,223		
_	(less section 511 taxes) from businesses	ì							
	acquired after June 30, 1975								
	Add lines 10a and 10b	1,803.	1,063.	535.	496.	1,213.	5,110.		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					······································			
13	Total support (Add lines 9, 10c, 11, and 12)	54,310.	60,577.	41,958.	52,445.	60,950.	270,240.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organız	ation,		
	check this box and stop here					·-····································			
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage						
15	Public support percentage for 2011 (ıne 8, ∞lumn (f) dı	vided by line 13, c	olumn (f))		15	<u>98.11 %</u>		
<u>16</u>	Public support percentage from 2010					16	<u>97.85 %</u>		
<u>Se</u>	ction D. Computation of Inves	stment Income	e Percentage		· <u>- </u> ,	· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 20	11 (line 10c, colum	nn (f) divided by lin	e 13, ∞lumn (f))		17	<u>1.89 %</u>		
18	Investment income percentage from	2010 Schedule A, F	Part III, line 17			18	2.15 %		
198	a 33 1/3% support tests - 2011. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1			
	more than 33 1/3%, check this box a	•	-	, ,	· · · -		►X		
t	33 1/3% support tests - 2010. If the	•					and		
	line 18 is not more than 33 1/3%, che			•		•	. ▶Ц		
<u>20</u>	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

SCHEDULE O , (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

THE ALASKA SPEECH-LANGUAGE HEARING ASSOC

Employer identification number 92-0103002

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: CHRISTINA HARRIS	
PROPERTY DESCRIPTION: SCHOLARSHIP	
BOOK VALUE OF PROPERTY: 1,000.	
DATE OF GIFT: 10/15/11	
AMOUNT GIVEN:	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	
LICENSE AND OTHER FEES	1,868.
TELEPHONE AND TELECOMMUNICATIONS	65.
MISCELLANEOUS	604.
TRAVEL- CONFERENCE HOTEL, FOOD, SPEAKERS, ETC.	47,806.
WEBSITE	116.
TAXES	1,913.
SUPPLIES	4,901.
TOTAL TO FORM 990-EZ, LINE 16	57,273.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	1,245.

SCHEDULE O , (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service | Name of the organization

THE ALASKA SPEECH-LANGUAGE HEARING ASSOC

Employer identification number 92-0103002

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENSURE THAT ALL
INDIVIDUALS HAVE THE COMMUNICATION SKILLS NECESSARY TO BECOME & REMAIN
CONTRIBUTING MEMBERS OF THE COMMUNITY, BOTH IN WORK & PLAY.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
IDENTIFY & TREAT COMMUNICATION IMPAIRMENTS. INCREASE
PUBLIC AWARENESS ABOUT THE EFFECTS OF COMMUNICATION
DISORDERS & DISABILITIES. ENCOURAGE THE STUDY OF HUMAN
COMMUNICATION, INCLUDING SPEECH, HEARING AND LANGUAGE. PROMOTE STUDY
AND PREVENTION OF COMMUNICATION DISORDERS AND IMPROVE CLINICAL
PROCEDURES, EXCHANGE INFORMATION, AND DISSEMINATE SUCH INFORMATION.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization **Employer identification number** THE ALASKA SPEECH-LANGUAGE HEARING ASSOC 92-0103002 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, (e) Estimated (b) Title and average hours (C) Reportable contributions to employee benefit compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and address position plans, and deferred compensation (If not paid, enter -0-) compensation CHARLOTTE CANNON, 1327 KALAKAKET ST. ADVOCACY CHAIR FAIRBANKS, AK 99709 0. 0. 1.00 0. ANNE VER HOEF, 1327 KALAKAKET ST. ADVOCACY - SMAC FAIRBANKS, AK 99709 0. 1.00 0. 0. SUSAN BUNTING, 1327 KALAKAKET ST, SPEC INT - AUDIOLOGY CO-CHAIR FAIRBANKS, AK 99709 0. 1.00 0. 0. AMY HOGUE, 1327 KALAKAKET ST. NOMINATIONS FAIRBANKS, AK 99709 0. 1.00 0. 0. ROSEMARIE ROTUNNO, 1327 KALAKAKET ADVISORY COUNCIL -AUDIOLOGY ST, FAIRBANKS, AK 99709 1.00 0. 0. 0. MOLLY THOMPSON, 1327 KALAKAKET ST ADVISORY COUNCIL SLP FAIRBANKS, AK 99709 1.00 0. 0 0. MONICA GLEN, 1327 KALAKAKET ST. CE ADMINISTRATOR FAIRBANKS, AK 99709 1.00 0 0. 0. ANNE VER HOEF, 1327 KALAKAKET ST SPEC INT - PRIVATE PRACTICE FAIRBANKS, AK 99709 1.00 0. 0. 0. KIM JOHNSON, 1327 KALAKAKET ST, SPEC INT - SCHOOLS CO-CHAIR FAIRBANKS, AK 99709 1.00 0. 0. 0. SPEC INT - SCHOOLS CO-CHAIR LAURA YOUNG-CAMPBELL, 1327 KALAKAKET ST, FAIRBANKS, AK 99709 1.00 0. 0. 0. TRACY KEATON, 1327 KALAKAKET ST. LICENSING & REGS -SLP FAIRBANKS, AK 99709 1.00 0. 0. О. LICENSING & REGS - AUDIOLOGY TERRILL ANGELL, 1327 KALAKAKET ST, FAIRBANKS, AK 99709 1.00 0. 0. 0.

Form 8868

(Rev. January 2012) Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return** Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

if you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoons If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print THE ALASKA SPEECH-LANGUAGE HEARING ASSOC 92-0103002 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1327 KALAKAKET STREET instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 99709-4917 FAIRBANKS, AK 0 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code 5m 990 01 Form 990-T (corporation) 07 -orm 990-BL 02 Form 1041-A 80 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JAINA HULBERT-BILLINGS The books are in the care of ▶ 1327 KALAKAKET ST - FAIRBANKS, AK 99709-4917 Telephone No. ▶ 907-452-4517 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box

If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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Form 8868 (Rev. 1-2012)

Form 8868 (Rev. 1-2012)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box .	▶	X	
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868		
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no d	copies needed).		
		Enter filer's	identifyi	ng number, see ins	tructions	
Type or Name of exempt organization or other filer, see instru	ictions		Employer identification number (EIN) of			
print						
File by the THE ALASKA SPEECH-LANGUAGE 1	HEARI	NG ASSOC	X	92-010300)2	
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	ecunty number (SSN	l)	
return See 1327 KALAKAKET STREET						
City, town or post office, state, and ZIP code. For a formal FAIRBANKS, AK 99709-4917	oreign add	lress, see instructions				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application	Return	Application	<u></u>		Return	
Is For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted			iously file	ed Form 8868.		
JAINA HULBERT-						
 The books are in the care of ► 1327 KALAKAKET 	ST -		<u>09-49</u>	917		
Telephone No ▶ 907-452-4517		FAX No. ▶				
 If the organization does not have an office or place of business 				>		
If this is for a Group Return, enter the organization's four digit	-					
box ▶ . If it is for part of the group, check this box ▶			all memb	pers the extension is	for	
4 I request an additional 3-month extension of time until						
5 For calendar year 2011, or other tax year beginning						
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	on Initial return	Final	return		
Change in accounting period						
7 State in detail why you need the extension	O DTT:	E A COMPLEME AND A	COITD	mp pemina		
ADDITIONAL TIME IS REQUIRED TO	O FIL.	E A COMPLETE AND A	CCURA	TE RETURN.	<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions		-	8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated				
tax payments made Include any prior year overpayment al	tax payments made Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868	8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System) See instru			8c	\$	0.	
<u> </u>		st be completed for Part II o	-			
Under penalties of perjury, I declare that I have examined this form, including is true, correct, and complete, and that I am authorized to prepare this form.	ling accomp orm.	panying schedules and statements, and to	the best o	of my knowledge and b	elief,	
Signature ▶ Title ▶	CPA		Date	· •		

Form 886	8 (Rev. 1-2012)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box .		▶ X
	ly complete Part II if you have already been granted an				8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no	copies nee	eded).
			Enter filer's	identifyi	ng number,	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	er identification	on number (EIN) or
print						
File by the	THE ALASKA SPEECH-LANGUAGE I	HEARI	NG ASSOC	X	92-01	03002
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1327 KALAKAKET STREET	ee instruc	tions.	Social se	ecurity numb	er (SSN)
instructions	City, town or post office, state, and ZIP code. For a for FAIRBANKS, AK 99709-4917	oreign add	ress, see instructions.		<u>-</u>	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-	BL	02	Form 1041-A	_		08
Form 990-	·EZ	01	Form 4720			09
Form 990-	<u>PF</u>	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05_	Form 6069			
	T (trust other than above)	06	Form 8870			12
STOP! Do	o not complete Part II if you were not already granted			ously file	ed Form 886	8
	JAINA HULBERT-H				17	
	oks are in the care of $\triangleright \frac{1327}{-4517}$ KALAKAKET one No. $\triangleright 907-452-4517$	<u>51 -</u>	FAIRBANKS, AK 99/C	19-49	11/	
• If the o	rganization does not have an office or place of business	s in the Un	ited States, check this box	-		>
	s for a Group Return, enter the organization's four digit			this is fo	r the whole g	roup, check this
_ x ► [. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the exter	sion is for.
4 I req	quest an additional 3-month extension of time until	OVEM	BER 15, 2012	;		1
5' For 6	calendar year 2011 , or other tax year beginning $__$, and ending	·		r
6 If the	e tax year entered in line 5 is for less than 12 months, c	heck reaso	on: Initial return [🗌 Final r	eturn [,]	
	Change in accounting period					
	e in detail why you need the extension				 -	
AD.	DITIONAL TIME IS REQUIRED TO	FILE	E A COMPLETE AND AC	CURA	TE RET	JRN.
0- 15 45-	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	6060		 	 	
	refundable credits. See instructions.	or 6069, er	ner the ternative tax, less any	8a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	_ Oa	3	<u></u>
	payments made. Include any prior year overpayment all	-				
	viously with Form 8868.	01100 00 0	orean and any amount paid	8b	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	vment with	this form if required by using	100	<u> </u>	
	PS (Electronic Federal Tax Payment System). See instru	•	, time term, it requires, ey demig	8c	\$	0.
<u>~· · · · · · · · · · · · · · · · · · · </u>			t be completed for Part II or			
Under penal it is true, co	Ities of perjury, I declare that I have examined this form, includi irrect, and complete, and that I am authorized to prepare this fo	ing accomp	-	_	f my knowledg	e and belief,
Signature				Date	•	
<u></u>	THE P					868 (Rev. 1-2012)

Form **8868** (Rev. 1-2012)