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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public
Inspection

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

ENVELOPE
POSTMARK DATE OCT 08 2013

A For the 2012 calendar year, or tax year beginning		and ending	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 3417 VOLTA PLACE, NW		
	Room/suite		
	City, town, or post office, state, and ZIP code WASHINGTON, DC 20007-2778		
	F Name and address of principal officer: JOHN R. WYANT SAME AS C ABOVE		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	J Website: ► WWW.AGBELL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 2002 M State of legal domicile: DC	
Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities		SEE SCHEDULE O
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)		3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 15
	6 Total number of volunteers (estimate if necessary)		6 380
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 151,093.
	b Net unrelated business taxable income from Form 990-T, line 34		7b <1,250. >
	RECEIVED OCT 17 2013 IRS-OS ODGEN, UT		
	8 Contributions and grants (Part VIII, line 1h)		1,799,459. 1,242,022.
Revenue	9 Program service revenue (Part VIII, line 2g)		292,238. 823,096.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		552,520. 463,023.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,268. 194,720.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,769,485. 2,722,861.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		420,950. 438,330.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,176,227. 1,268,955.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		56,500. 24,725.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 349,120.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,662,981. 1,957,197.
Expenses	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,316,658. 3,689,207.
	19 Revenue less expenses Subtract line 18 from line 12		<547,173. > <966,346. >
	20 Total assets (Part X, line 16)		Beginning of Current Year 8,125,058.
Assets or Fund Balances	21 Total liabilities (Part X, line 26)		219,030. 309,038.
	22 Net assets or fund balances Subtract line 21 from line 20		7,906,028. 7,126,813.

Part II Signature Block

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

Sign Here	► Signature of officer	Date 10/8/13
	► ALEXANDER T. GRAHAM, EXECUTIVE DIRECTOR/CEO	
Preparer	Print/Type preparer's name ELIZABETH W. HELLER	Preparer's signature <i>Elizabeth Heller</i>
	Firm's name ► TATE AND TRYON	Date 10/7/13
Use Only	Firm's address ► 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Firm's EIN ► 52-1855942
		Check <input type="checkbox"/> if self-employed
	Phone no. (202) 293-2200	

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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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6/14 M

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a (Code _____) (Expenses \$ 706,321. including grants of \$ 438,330.) (Revenue \$ _____)
FINANCIAL AID - PROVIDED FINANCIAL ASSISTANCE TO PARENTS OF INFANTS AND
PRE-SCHOOL CHILDREN, SCHOOL-AGED CHILDREN, ARTS AND SCIENCES STUDENTS
AND COLLEGE-AGE STUDENTS. ALL AWARDEES HAVE MODERATE TO PROFOUND
HEARING LOSS.**

**4b (Code _____) (Expenses \$ 574,508. including grants of \$ _____) (Revenue \$ 185,333.)
PUBLICATIONS - PRODUCED BOOKS AND MATERIALS RELATED TO EDUCATING THOSE
INTERESTED IN DEAFNESS AND HEARING LOSS. THESE PUBLICATIONS ARE
UTILIZED BY EDUCATORS AND PARENTS OF CHILDREN WHO ARE HEARING IMPAIRED.**

**4c (Code _____) (Expenses \$ 520,469. including grants of \$ _____) (Revenue \$ 637,763.)
CONVENTION - AG BELL CONVENTION IS A 4 DAY CONFERENCE FOR PARENTS,
PROFESSIONALS AND EDUCATORS. EVERY TWO YEARS THE AG BELL COMMUNITY
GATHERS TO CONNECT, DISCOVER AND INSPIRE ONE ANOTHER. THE CONFERENCE
FEATURES MORE THAN 75 EDUCATIONAL SESSIONS AND MORE THAN 50 VENDORS IN
THE EXHIBIT HALL.**

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

(Expenses \$ 1,111,039. including grants of \$ _____) (Revenue \$ 92,011.)

4e Total program service expenses ► 2,912,337.

**ALEXANDER GRAHAM BELL ASSOCIATION FOR
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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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
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 "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	11b X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	11e X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	13 X	
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 "Yes," complete Schedule G, Part II</i>	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15 X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	255
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	<input checked="" type="checkbox"/>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input checked="" type="checkbox"/>	
9 Sponsoring organizations maintaining donor advised funds.	<input checked="" type="checkbox"/>	
a Did the organization make any taxable distributions under section 4966?	<input checked="" type="checkbox"/>	
b Did the organization make a distribution to a donor, donor advisor, or related person?	<input checked="" type="checkbox"/>	
10 Section 501(c)(7) organizations. Enter	<input checked="" type="checkbox"/>	
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	10b
11 Section 501(c)(12) organizations. Enter	<input checked="" type="checkbox"/>	
a Gross income from members or shareholders	N/A	11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<input checked="" type="checkbox"/>	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<input checked="" type="checkbox"/>	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	<input checked="" type="checkbox"/>	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<input checked="" type="checkbox"/>	
c Enter the amount of reserves on hand	<input checked="" type="checkbox"/>	
14a Did the organization receive any payments for indoor tanning services during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<input checked="" type="checkbox"/>	

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232005
12-10-12

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

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

Section A. Governing Body and Management

		Yes	No
1a	10		
1b	10		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9		X	

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

	Yes	No
10a	X	
10b	X	
11a		X
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b		X
16a		X
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► NONE		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE ASSOCIATION – 202-337-5220		
	3417 VOLTA PLACE, NW, WASHINGTON, DC 20007-2778		

232006
12-10-12

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

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

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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DONALD M. GOLDBERG PH.D. PRESIDENT	1.00	X	X				0.	0.	0.
(2) MEREDITH K. KNUEVE, ESQ. PRESIDENT ELECT	1.00	X	X				0.	0.	0.
(3) TED MEYER SECRETARY-TREASURER	1.00	X	X				0.	0.	0.
(4) KATHLEEN S. TRENI IMMEDIATE PAST PRESIDENT	1.00	X	X				0.	0.	0.
(5) JONI Y. ALBERG, PH.D. DIRECTOR	1.00	X					0.	0.	0.
(6) CORRINE ALTMAN DIRECTOR	1.00	X					0.	0.	0.
(7) RACHEL ARFA, ESQ. DIRECTOR	1.00	X					0.	0.	0.
(8) EVAN BRUNELL DIRECTOR	1.00	X					0.	0.	0.
(9) HOLLY CLARK DIRECTOR	1.00	X					0.	0.	0.
(10) WENDY (BAN) DETERS, LSLS CERT. DIRECTOR	1.00	X					0.	0.	0.
(11) KEVIN FRANCK, PH.D., MBA, CCC-A DIRECTOR	1.00	X					0.	0.	0.
(12) CATHARINE MCNALLY DIRECTOR	1.00	X					0.	0.	0.
(13) LYN ROBERTSON, PH.D. DIRECTOR	1.00	X					0.	0.	0.
(14) ALEXANDER T. GRAHAM EXECUTIVE DIRECTOR/CEO	35.00						182,065.	8,235.	60,333.
	5.00								

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

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

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
NONE		

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 ► 0

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

Form 990 (2012)

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ _____ h Total. Add lines 1a-1f ►	1a 1b 111,092. 1c 1d 1e 28,000. 1f 1,102,930. 1,242,022.			
Program Service Revenue	2 a CONVENTION & CONFERENCE b ADVERTISING c SUBSCRIPTIONS d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 900099 637,763. 511120 151,093. 511120 34,240. 823,096.	637,763.	151,093.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue	(i) Real (ii) Personal (i) Securities 2,504,689. (ii) Other 2,379,183. 125,506. 125,506.			337,517. 32,911. 337,517. 32,911. 125,506.
	11 a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions	Business Code 900099 100,318. 100,318. 100,318. 2,722,861.	100,318.	733,494.	151,093. 596,252.

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

Form 990 (2012)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	415,905.	415,905.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	22,425.	22,425.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	239,788.	164,026.	44,793.	30,969.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	802,644.	555,893.	142,247.	104,504.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,882.	30,151.	9,957.	5,774.
9 Other employee benefits	180,641.	118,706.	39,204.	22,731.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	40,715.	23,191.	17,524.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	24,725.			24,725.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	649,126.	365,091.	269,261.	14,774.
12 Advertising and promotion	8,871.	5,987.	341.	2,543.
13 Office expenses	307,224.	201,576.	97,168.	8,480.
14 Information technology				
15 Royalties				
16 Occupancy	344,535.	22,180.	322,330.	25.
17 Travel	139,552.	96,475.	34,910.	8,167.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	207,843.	199,364.	6,757.	1,722.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,056.		144,056.	
23 Insurance	29,420.		29,420.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ACCESS-CART	52,719.	40,671.	12,048.	
b BAD DEBT EXPENSE	16,415.		16,415.	
c STAFF DEVELOPMENT	10,690.	5,671.	3,339.	1,680.
d OTHER EXPENSES	6,031.	6,000.	31.	0.
e All other expenses		639,025.	<762,051. >	123,026.
25 Total functional expenses. Add lines 1 through 24e	3,689,207.	2,912,337.	427,750.	349,120.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

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

Form 990 (2012)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	886,749.	1	251,901.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	632,719.	3	379,500.
	4 Accounts receivable, net	163,325.	4	322,207.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	123,365.	7	123,365.
	8 Inventories for sale or use	42,780.	8	84,853.
	9 Prepaid expenses and deferred charges	21,095.	9	10,266.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 3,433,920.		
	b Less: accumulated depreciation	10b 1,591,128.		
	11 Investments - publicly traded securities	1,826,379.	10c	1,842,792.
	12 Investments - other securities. See Part IV, line 11	3,294,431.	11	3,081,037.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	1,134,215.	15	1,339,930.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,125,058.	16	7,435,851.
Liabilities	17 Accounts payable and accrued expenses	115,737.	17	207,191.
	18 Grants payable		18	
	19 Deferred revenue	103,293.	19	101,847.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	219,030.	26	309,038.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,663,948.	27	3,739,393.
	28 Temporarily restricted net assets	2,981,223.	28	2,109,181.
	29 Permanently restricted net assets	1,260,857.	29	1,278,239.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,906,028.	33	7,126,813.
	34 Total liabilities and net assets/fund balances	8,125,058.	34	7,435,851.

Form 990 (2012)

232011
12-10-12

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

Form 990 (2012)

53-0196644 Page 12

Part XI Reconciliation of Net Assets

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

1	2,722,861.
2	3,689,207.
3	<966,346.>
4	7,906,028.
5	169,749.
6	
7	
8	
9	17,382.
10	7,126,813.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2012)

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

2012

**Open to Public
Inspection**

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

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 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)**.
 f 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
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of monetary support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2012

232021
12-04-12

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2012

ALEXANDER GRAHAM BELL ASSOCIATION FOR

Schedule A (Form 990 or 990-EZ) 2012 THE DEAF AND HARD OF HEARING

53-0196544 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,201,233.	2,061,177.	2,679,564.	1,799,459.	1,242,022.	8,983,455.
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	970,857.	506,357.	897,728.	414,306.	915,107.	3,704,355.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,172,090.	2,567,534.	3,577,292.	2,213,765.	2,157,129.	12,687,810.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1,074,000.	750,000.	1,302,041.	832,797.	3,958,838.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b		1,074,000.	750,000.	1,302,041.	832,797.	3,958,838.
8 Public support (Subtract line 7c from line 6)						8,728,972.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	2,172,090.	2,567,534.	3,577,292.	2,213,765.	2,157,129.	12,687,810.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	322,958.	324,504.	356,888.	390,802.	370,428.	1,765,580.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	322,958.	324,504.	356,888.	390,802.	370,428.	1,765,580.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		64,190.	5,920.	30,203.	100,318.	200,631.
13 Total support. (Add lines 9, 10c, 11, and 12)	2,495,048.	2,956,228.	3,940,100.	2,634,770.	2,627,875.	14,654,021.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	59.57	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	87.14	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	12.05	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	10.64	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012Open to Public
InspectionName of the organization **ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING** Employer identification number **53-0196644****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2012

53-0196644 Page 2

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

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

<p>a <input type="checkbox"/> Public exhibition b <input type="checkbox"/> Scholarly research c <input type="checkbox"/> Preservation for future generations</p>	<p>d <input type="checkbox"/> Loan or exchange programs e <input type="checkbox"/> Other _____</p>
--	--

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,825,717.	1,856,068.	2,005,538.	1,728,189.	2,007,538.
b Contributions		500.	2,500.	5,000.	
c Net investment earnings, gains, and losses	210,457.	<12,058. >	<151,970. >	290,212.	<170,255. >
d Grants or scholarships					
e Other expenditures for facilities and programs	11,941.	19,110.	0.	17,863.	109,094.
f Administrative expenses		<317. >			
g End of year balance	2,024,233.	1,825,717.	1,856,068.	2,005,538.	1,728,189.

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

a Board designated or quasi-endowment ► 19.80 %
 b Permanent endowment ► 63.15 %
 c Temporarily restricted endowment ► 17.05 %

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

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

(i) unrelated organizations
(ii) related organizations

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

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

	Yes	No
3a(ii)	X	
3b	X	

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	2,778,231.	1,114,919.	1,663,312.	
d Equipment	655,689.	476,209.	179,480.	
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

1,842,792.

Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012

53-0196644 Page 3

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	412,990.
(2) DUE FROM AFFILIATE	926,940.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	1,339,930.

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

232053
12-10-12

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	2,940,512.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	169,749.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	17,382.
e Add lines 2a through 2d	2e	187,131.
3 Subtract line 2e from line 1	3	2,753,381.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	<30,520. >
c Add lines 4a and 4b	4c	<30,520. >
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,722,861.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	3,719,727.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	30,520.
e Add lines 2a through 2d	2e	30,520.
3 Subtract line 2e from line 1	3	3,689,207.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,689,207.

Part XIII Supplemental Information

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

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

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

PROGRAMS.

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

POSITIONS AND CONCLUDED THAT THE ASSOCIATION'S CONSOLIDATED FINANCIAL

STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN THE VALUE OF SPLIT INTEREST TRUST

17,382.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

-30,520.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

30,520.

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

Employer identification number

53-0196644

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA - CANADA AND MEXICO	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	FINANCIAL AID DISTRIBUTIONS TO RECIPIENTS LOCATED IN REGION.	22,425.
3 a Sub-total	0	0			22,425.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			22,425.

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

Schedule F (Form 990) 2012

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ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

THE DEAF AND HARD OF HEARING

(Form 990) 2012 **53-0196644**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) 'qu valency letter

3 Enter total number of other organizations or entities

3 Enter total number of other organizations or entities

Schedule E (Form 990) 2012

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID DISTRIBUTIONS	NORTH AMERICA - CANADA AND MEXICO	20	22,425. CHECK		0.		

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

Schedule F (Form 990) 2012

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Part IV | Foreign Forms

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

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

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

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

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

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

Schedule F (Form 990) 2012

232074
12-10-12

Part V **Supplemental Information**

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

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

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

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

AND SPOKEN LANGUAGE APPROACH TO EDUCATION. THE RECIPIENTS MUST

Demonstrate financial need, have moderate to profound hearing loss and

UTILIZE LISTENING AND SPOKEN LANGUAGE TO COMMUNICATE. CERTAIN

SCHOLARSHIP RECIPIENTS HAVE ADDITIONAL REQUIREMENTS FOR AGE OR TYPE OF

ACADEMIC STUDY.

ALEXANDER GRAHAM BELL ASSOCIATION FOR

Schedule G (Form 990 or 990-EZ) 2012 THE DEAF AND HARD OF HEARING

53-0196644 Page 2

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

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

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

ALEXANDER GRAHAM BELL ASSOCIATION FOR

Schedule G (Form 990 or 990-EZ) 2012 THE DEAF AND HARD OF HEARING

53-0196644 Page 3

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

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a %
b An outside facility	13b %

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____
_____ Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

part will be duplicated in audience space is illegal.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID DISTRIBUTIONS	366	415,905.	0.		

Summarized information from Dact I and Dact II columns (a) and summarized information

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

Employer identification number
53-0196644

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2012

232111
12-10-12

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

HELPS FAMILIES, HEALTH CARE PROVIDERS, AND EDUCATION PROFESSIONALS

UNDERSTAND CHILDHOOD HEARING LOSS AND THE IMPORTANCE OF EARLY DIAGNOSIS

AND INTERVENTION. THROUGH ADVOCACY, EDUCATION, RESEARCH AND FINANCIAL

AID, AG BELL HELPS TO ENSURE THAT EVERY CHILD AND ADULT WITH HEARING

LOSS HAS THE OPPORTUNITY TO LISTEN, TALK AND THRIVE IN MAINSTREAM

SOCIETY. WITH CHAPTERS LOCATED IN THE UNITED STATES AND A NETWORK OF

INTERNATIONAL AFFILIATES, AG BELL SUPPORTS ITS MISSION: ADVOCATING

INDEPENDENCE THROUGH LISTENING AND TALKING!

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FINANCIAL AID, AG BELL HELPS TO ENSURE THAT EVERY CHILD AND ADULT WITH

HEARING LOSS HAS THE OPPORTUNITY TO LISTEN, TALK AND THRIVE IN

MAINSTREAM SOCIETY. WITH CHAPTERS LOCATED IN THE UNITED STATES AND A

NETWORK OF INTERNATIONAL AFFILIATES, AG BELL SUPPORTS ITS MISSION:

ADVOCATING INDEPENDENCE THROUGH LISTENING AND TALKING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LISTENING AND SPOKEN LANGUAGE KNOWLEDGE CENTER - THE AG BELL LISTENING

AND SPOKEN LANGUAGE KNOWLEDGE CENTER IS AN INTERNET PORTAL FOR CHILDREN

AND ADULTS WITH HEARING LOSS, THEIR FAMILIES AND PROFESSIONALS THAT

SUPPORT THEM. THE WEBSITE PROVIDES COMPREHENSIVE INFORMATION AND

RESOURCES ABOUT HEARING LOSS, AND LISTENING AND SPOKEN LANGUAGE.

THE KNOWLEDGE CENTER, PROVIDES THE LATEST UPDATES ON NEWS IN LISTENING

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

232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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AND SPOKEN LANGUAGE, AS WELL AS THE OPPORTUNITY TO PARTICIPATE IN AG BELL'S SOCIAL MEDIA OUTLETS, JOIN OR RENEW YOUR MEMBERSHIP, REGISTER FOR PROFESSIONAL DEVELOPMENT EVENTS, AND ORDER BOOKS AND OTHER QUALITY RESOURCES.

EXPENSES \$ 514,957. INCLUDING GRANTS OF \$ 0. REVENUE \$ 92,011.

SPECIAL PROJECTS:

AG BELL LISTENING AND SPOKEN LANGUAGE SYMPOSIUM - AG BELL LISTENING AND SPOKEN LANGUAGE SYMPOSIUM IS A TWO-DAY CONFERENCE HELD EVERY OTHER YEAR. AG BELL LISTENING AND SPOKEN LANGUAGE SYMPOSIUM IS THE PREMIERE PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR PROFESSIONALS WHO SUPPORT CHILDREN WITH HEARING LOSS. GENERAL SESSIONS FEATURING PRESENTATIONS ON DELIVERING QUALITY SERVICES TO UNDERSERVED FAMILIES AND WITHIN THE FAST-PACED LEARNING ENVIRONMENT OF THE 21ST CENTURY. PRE-SYMPHOIUM WORKSHOPS OFFER IN-DEPTH KNOWLEDGE ON CURRENT TRENDS IN THE FIELD. ACCESS TO PRODUCTS, PROGRAMS, AND TECHNOLOGIES TO SUPPORT FAMILIES AND CHILDREN. SYMPOSIUM SESSIONS THAT WILL PROVIDE PRACTICAL STRATEGIES BASED ON CURRENT RESEARCH IN THE FIELD.

PARENT ADVOCACY TRAINING - THE PARENT ADVOCACY TRAINING (P.A.T.) IS A FREE WEB-BASED COURSE THAT HELPS PARENTS BUILD KNOWLEDGE AND CONFIDENCE AS THEY BECOME ADVOCATES FOR THEIR CHILDREN LIVING WITH HEARING LOSS AND WORK COLLABORATIVELY WITH LOCAL SCHOOL DISTRICTS AND SERVICE PROVIDERS.

LOFT (LEADERSHIP OPPORTUNITIES FOR TEENS) - LOFT IS A GREAT OPPORTUNITY FOR HIGH SCHOOL AND COLLEGE-BOUND TEENS INTERESTED IN A LEADERSHIP

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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EXPERIENCE AWAY FROM HOME WITH THEIR PEERS. THIS PROGRAM IS DESIGNED FOR PARTICIPANTS TO DEVELOP SKILLS IN INDIVIDUAL LEADERSHIP, TEAMWORK, UNDERSTANDING GROUP DYNAMICS AND COMMUNICATION, PUBLIC SPEAKING, AND SELF ADVOCACY. LOFT PROVIDES A SUPPORTIVE AND STRUCTURED ENVIRONMENT IN WHICH PARTICIPANTS INCREASE THEIR SELF CONFIDENCE AND UNDERSTANDING OF THEIR OWN STRENGTHS AND ABILITIES THROUGH ACTIVITIES DESIGNED TO CHALLENGE THEM TO WORK OUTSIDE OF THEIR COMFORT ZONE. COMMUNICATION ACCESS REAL-TIME TRANSLATION (CART) IS PROVIDED TO MAKE CLASSROOM SESSIONS ACCESSIBLE TO TEENS WITH HEARING LOSS. LOFT COUNSELORS ARE AG BELL MEMBERS WHO ARE ADULTS LIVING WITH HEARING LOSS WHO SERVE AS MENTORS AND ROLE MODELS.

ARCHIVE INITIATIVE - THE ARCHIVE INITIATIVE IS A PROJECT TO PRESERVE AND MAINTAIN AG BELL'S ARCHIVES AND LIBRARY WHICH ARE EXTENSIVE COLLECTIONS THAT DOCUMENTS THE HISTORY OF DEAF STUDIES, DEAF EDUCATION AND DR. ALEXANDER GRAHAM BELL'S CONTRIBUTIONS TO THOSE WITH HEARING LOSS OVER TWO CENTURIES. THESE HISTORIC, EDUCATIONAL RESOURCES COULD REMAIN IN THE SHADOWY RECESSES OF HISTORY IF THESE ARCHIVES ARE NOT MADE AVAILABLE TO THE PUBLIC. THAT WOULD RESULT IN FUTURE GENERATIONS OF HISTORIANS, DISABILITIES STUDIES RESEARCHERS, HEARING HEALTH PRACTITIONERS, AND OTHERS INVOLVED WITH HEARING LOSS KNOWING ONLY A SMALL PART OF THE ENTIRE STORY CONCERNING THE EVOLUTION OF LISTENING AND SPOKEN LANGUAGE FOR THE DEAF AND HARD OF HEARING, AS WELL AS THE HISTORY OF INDIVIDUALS WHO ARE DEAF AND HARD OF HEARING.

EXPENSES \$ 362,938. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP:

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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AG BELL MEMBERS CAN GET THE LATEST INFORMATION, RESOURCES, PEER-TO-PEER SUPPORT AND PROFESSIONAL NETWORKING TO MEET TODAY'S OPPORTUNITIES AND CHALLENGES IN SUPPORTING INDIVIDUALS WITH HEARING LOSS WITH CONFIDENCE.

BENEFITS OF MEMBERSHIP INCLUDE:

VOLTA VOICES – A MAGAZINE THAT PROVIDES ACTIONABLE AND USEFUL ARTICLES ON A WIDE RANGE OF CLINICAL, EDUCATIONAL OR PROFESSIONAL TOPICS IN THE FIELD OF LISTENING AND SPOKEN LANGUAGE (6 ISSUES PER YEAR).

THE VOLTA REVIEW – THE PREEMINENT PEER REVIEWED SCHOLARLY JOURNAL IN THE FIELD OF HEARING LOSS AND LISTENING AND SPOKEN LANGUAGE. RESEARCH FOCUSES ON SPEECH AND LANGUAGE DEVELOPMENT, HEARING TECHNOLOGY, EDUCATIONAL OUTCOMES AND EARLY INTERVENTION (2 ISSUES PER YEAR).

AG BELL E-NEWSLETTER – WEEKLY E-NEWSLETTER FOR THE ENTIRE LISTENING AND SPOKEN LANGUAGE COMMUNITY.

BOOKS, MEDIA, PROGRAMS, CAREER DEVELOPMENT, DISCOUNTS ON EDUCATIONAL RESOURCES, AND AG BELL'S ONLINE JOB BOARD.

EXPENSES \$ 204,737. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADVOCACY:

SELF-ADVOCACY : CHALLENGES RELATING TO HEARING LOSS CAN PERMEATE MANY ASPECTS OF THE CHILD'S LIFE. FOSTERING SELF-ADVOCACY CAN BE WOVEN INTO THE ROUTINES OF EVERY DAY FAMILY LIFE AS WELL AS INTO EARLY CHILDHOOD CURRICULUM.

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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EDUCATIONAL ADVOCACY: ADVOCATING FOR YOUR CHILD'S EDUCATIONAL RIGHTS IS A VITAL PART OF ENSURING YOUR CHILD HAS ACCESS TO THE LEARNING ENVIRONMENT THEY NEED TO SUCCEED. TO ASSIST FAMILIES, AG BELL HAS DEVELOPED SEVERAL FREE RESOURCES TO HELP FAMILIES UNDERSTAND EDUCATIONAL LAW AND TO ASSIST PARENTS IN WORKING COLLABORATIVELY WITH SCHOOL DISTRICTS TO DEVELOP EDUCATIONAL PROGRAMS FOR THEIR CHILD AND ACCESS NEEDED ACCOMMODATIONS.

LEGISLATIVE ADVOCACY: AG BELL'S LATEST POSITION PAPERS AND NATIONAL ADVOCACY INITIATIVES.

EXPENSES \$ 28,407. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 2B:

THE ORGANIZATION'S EMPLOYEES ARE CONTRACTED THROUGH INSPERITY WHICH IS RESPONSIBLE FOR FILING ALL RELATED EMPLOYMENT TAX FORMS, INCLUDING THE W3.

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

FORM 990, PART VI, SECTION A, LINE 7A: NOMINATION, ELECTION, TERM, AND QUALIFICATIONS. THE GOVERNANCE AND HUMAN RESOURCES COMMITTEE SHALL NOMINATE UP TO TWELVE (12) DIRECTOR SEATS. THE CORPORATION'S GENERAL MEMBERSHIP SHALL NOMINATE UP TO THREE (3) DIRECTOR SEATS, PURSUANT TO ANY PROCEDURES ADOPTED BY THE BOARD AND/OR THE GOVERNANCE AND HUMAN RESOURCES COMMITTEE.

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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THREE (3) DIRECTORS SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE CORPORATION'S VOTING MEMBERS AT AN ANNUAL MEETING AT WHICH A QUORUM IS PRESENT, OR BY REGULAR U.S. MAIL BALLOT, FAX BALLOT, ELECTRONIC BALLOT, OR ANY OTHER METHOD OF VOTING PERMITTED BY THE ACT PURSUANT TO SECTION 13 OF ARTICLE IV. THE REMAINING DIRECTORS SHALL BE ELECTED BY THE BOARD AT A REGULARLY SCHEDULED MEETING AT WHICH A QUORUM IS PRESENT. THE PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT BY VIRTUE OF THEIR OFFICE SHALL SERVE ON THE BOARD, EVEN IF THEIR ELECTED SEAT HAS EXPIRED, WHICH SHALL COUNT AGAINST THE TOTAL NUMBER OF DIRECTORS. THE EXECUTIVE DIRECTOR BY VIRTUE OF HIS OR HER OFFICE SHALL SERVE AS A NON-VOTING MEMBER OF THE BOARD, WHICH SHALL NOT COUNT AGAINST THE TOTAL NUMBER OF DIRECTORS. EACH DIRECTOR SHALL HOLD OFFICE FOR A THREE (3)-YEAR TERM; PROVIDED, HOWEVER, THAT DIRECTORS SHALL SERVE UNTIL THEIR SUCCESSORS HAVE BEEN DULY ELECTED AND HAVE QUALIFIED. THERE SHALL BE A NINE (9)-YEAR LIMIT (COMPRISED OF THREE (3) TERMS OF THREE (3) YEARS EACH) ON THE NUMBER OF CONSECUTIVE TERMS THAT A DIRECTOR MAY SERVE, PROVIDED, HOWEVER, THAT IF A DIRECTOR WAS PREVIOUSLY APPOINTED BY THE BOARD TO FILL A VACANCY ON THE BOARD, SUCH SERVICE IN FILLING THE VACANCY SHALL NOT BE COUNTED IN CONNECTION WITH THE NINE (9)-YEAR CONSECUTIVE TERM LIMIT; AND PROVIDED FURTHER THAT THIS NINE (9)-YEAR CONSECUTIVE TERM LIMIT SHALL NOT APPLY WITH RESPECT TO OFFICER TERMS. THE TERMS OF DIRECTORS SHALL BE STAGGERED, SO AS TO NOT ALL EXPIRE AT THE SAME TIME, TO THE EXTENT AND AS DETERMINED BY THE BOARD. TO THIS END, THE TERM(S) OF ONE (1) OR MORE DIRECTORS MAY BE EXTENDED OR ABBREVIATED, TO THE EXTENT AND AS DETERMINED BY THE BOARD. DIRECTORS NEED NOT BE RESIDENTS OF THE DISTRICT OF COLUMBIA.

FORM 990, PART VI, SECTION A, LINE 7B: THE AFFAIRS OF THE CORPORATION

SHALL BE MANAGED BY ITS BOARD. IT SHALL BE THE BOARD'S DUTY TO CARRY OUT

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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THE OBJECTIVES AND PURPOSES OF THE CORPORATION, AND TO THIS END THE BOARD
MAY EXERCISE ALL POWERS OF THE CORPORATION. THE BOARD SHALL BE SUBJECT TO
THE RESTRICTIONS AND OBLIGATIONS SET FORTH BY LAW AND IN THE CORPORATION'S
ARTICLES OF INCORPORATION AND BYLAWS. THE BOARD SHALL REPORT ANNUALLY TO
THE MEMBERSHIP ON THE PROGRESS OF THE CORPORATION IN FULFILLING ITS
PURPOSES AND ON THE FINANCES OF THE CORPORATION.

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

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

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

(1) THE MATERIAL FACTS OF THE INDIVIDUAL'S OR INDIVIDUALS' RELATIONSHIP OR
INTEREST IN THE CONTRACT OR TRANSACTION ARE DISCLOSED OR ARE KNOWN TO THE
BOARD, AND THE BOARD EXPLICITLY REVIEWS THE MATTER WITH THE CONCERNED
INDIVIDUAL OR INDIVIDUALS ABSENT WHILE THAT MATTER IS BEING DISCUSSED; AND
(2) THE BOARD IN GOOD FAITH AUTHORIZES THE CONTRACT OR TRANSACTION IN
ADVANCE BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED

Name of the organization	ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING	Employer identification number 53-0196644
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DIRECTORS OR MEMBERS, EVEN THOUGH THE DISINTERESTED DIRECTORS OR MEMBERS

MAY CONSTITUTE LESS THAN A QUORUM; AND

(3) THE CONTRACT OR TRANSACTION IS FAIR TO THE CORPORATION AS OF THE TIME
IT IS AUTHORIZED, APPROVED OR RATIFIED BY THE BOARD.

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

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 365,091.

MANAGEMENT AND GENERAL EXPENSES 269,261.

FUNDRAISING EXPENSES 14,774.

TOTAL EXPENSES 649,126.

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

Employer identification number
53-0196644

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 649,126.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN THE VALUE OF SPLIT INTEREST TRUSTS 17,382.

FORM 990, PART XII, LINE 2C

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

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**

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING
► Attach to Form 550.

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

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

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

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

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

Schedule R (Form 990) 2012 Page 3

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
 b Gift, grant, or capital contribution to related organization(s)
 c Gift, grant, or capital contribution from related organization(s)
 d Loans or loan guarantees to or for related organization(s)
 e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)
 g Sale of assets to related organization(s)
 h Purchase of assets from related organization(s)
 i Exchange of assets with related organization(s)
 j Lease of facilities, equipment, or other assets to related organization(s)
 k Lease of facilities, equipment, or other assets from related organization(s)
 l Performance of services or membership or fundraising solicitations for related organization(s)
 m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 o Sharing of paid employees with related organization(s)
 p Reimbursement paid to related organization(s) for expenses
 q Reimbursement paid by related organization(s) for expenses
 r Other transfer of cash or property to related organization(s)
 s Other transfer of cash or property from related organization(s)

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
A.G. BELL ACADEMY FOR LISTENING AND SPOKEN			
D 123,365. HISTORICAL BALANCE			
(1) LANGUAGE A.G. BELL ACADEMY FOR LISTENING AND SPOKEN A 72,834. CONTRACTED RATE			
(2) LANGUAGE A.G. BELL ACADEMY FOR LISTENING AND SPOKEN O 182,065. SALARY ALLOCATION			
(3) LANGUAGE			
(4)			
(5)			
(6)			

ALEXANDER GRAHAM BELL ASSOCIATION FOR
THE DEAF AND HARD OF HEARING

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue):

Part VII **Supplemental Information**

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

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

THE ASSOCIATION

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

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning and ending

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

Change in accounting period

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

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

Signature and Verification must be completed for Part II only.

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

Signature ►

Title ► **CPA**

Date ► **8/15/13**

Form 8868 (Rev. 1-2013)

223842
01-21-13

Application for Extension of Time To File an Exempt Organization Return

COPY
OMB NO 11-06-1 199

► File a separate application for each return.

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

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

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

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

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

Part I only

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ASSOCIATION

- The books are in the care of ► **3417 VOLTA PLACE, NW - WASHINGTON, DC 20007**
Telephone No. ► **202-337-5520** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until
AUGUST 15, 2013 to file the exempt organization return for the organization named above. The extension

is for the organization's return for:
► calendar year 2012 or

► calendar year _____ or
► tax year beginning _____, and ending _____

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

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

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

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

Form 8868 (Rev. 1-2013)