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# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

		nue Service	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/	form990.		mopeotion
Ā	For the	2016 calenda	ar year, or tax year beginning , 2016, and ending	<del></del>		, 20
_	Check if ap		C Name of organization	D Em	oloyer ide	ntification number
	Address cl	hange	THE MINNESOTA ACADEMY OF AUDIOLOGY	41-1	779290	
	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address)  Room/suite		phone nu	mber
	Initial retur	m	PO BOX 20103	(12.	273-736	: 2
닏		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		oup Exen	
님	Amended				mber ▶	•
_	Application		BLOOMINGTON MN 55420  X Cash Accrual Other (specify) ▶			
	Account <b>Website</b>	ting Method				the organization is not
			ninnesotaaudiology.org			ch Schedule B
			ck-only-one) — 501(c)(3)	(FORII)	990, 990	-EZ, or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other  This line 0 to determine group association ☐ Other  The line 0 to determine group association ☐ Other	-4-14-		<del> </del>
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if t v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otai assets	· .	
_			<u> </u>		\$	75,861
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t		ictions	· _
	<del></del>		the organization used Schedule O to respond to any question in this Pa	rt I		<u> </u>
	1		ons, gifts, grants, and similar amounts received		1	
	2	-	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	11,940
	4	Investment			4	3,036
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses			
	С	Gain or (lo:	5c_	0		
્રે ા	6	Gaming ar				
Revenue -	a	Gross inc	ome from gaming (attach Schedule G if greater than			
Ę	ľ	\$15,000) .			12.3	
ુંફ	b	Gross inco	me from fundraising events (not including \$ of contribut	ions		
8	1	from fundr	aising events reported on line 1) (attach Schedule G if the		1 * 3	
		sum of suc	th gross income and contributions exceeds \$15,000)   6b		\ * · \	
ב ה	С	Less: direc	t expenses from gaming and fundraising events 6c		7 1	
7	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	7 //	
- 3	1	line 6c)			6d	0
<b>.</b>	7a	Gross sale	s of inventory, less returns and allowances 7a			<del></del>
78PG	Ь		of goods sold		7	
S	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	60,885
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	75,861
_	10		similar amounts paid (list in Schedule O)	<del></del>	10	1,500
	11		aid to or for members		11	1,300
ŵ	1		ther compensation, and employee benefits . 😭 . 🐠 🤋 🐧 2017 . 🤶		12	
Expenses	13		al fees and other payments to independent contractors		13	920
oer.	. 14		y, rent, utilities, and maintenance	l · · ·	14	820
Ä	15		ublications, postage, and shipping	1	15	0.336
	16		enses (describe in Schedule O)		16	2,376
	17	•	amaga. Add lines 40 through 46		17	89,000
_	10		(deficit) for the year (Subtract line 17 from line 9)	<u>· · · · ·                              </u>	18	93,696
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with	"	(17,835
SS	1		or figure reported on prior year's return)		10	
Net Assets	20	-	· · · · · · · · · · · · · · · · · · ·		19	113,581
Š	20 21		nges in net assets or fund balances (explain in Schedule O)		20	0
	[ Z ]	ivet assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	95.746

Form 990-EZ (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Par						
•	Check if the organization used Schedule	O to respond to ar	y question in this I	Part II		<u> </u>
	•		L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			112,451		94,825
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			1,130		921
25 26	Total liabilities (describe as Schodule C)			113,581	_	95,746
26	Total liabilities (describe in Schedule O) .				26	
27 Part	Net assets or fund balances (line 27 of column Statement of Program Service Accom				27	95,746
, ait	Check if the organization used Schedule	- '				Expenses
 What	<del></del>	SCHEDULE O	ry question in this i	<u>u. ()</u>		quired for section
Desc as m	ribe the organization's program service accompli easured by expenses in a clear and concise mons benefited, and other relevant information for ea	shments for each of nanner, describe the ach program title.	services provided	, the number of	orga	(c)(3) and 501(c)(4) anizations, optional for ers)
29	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	28a	
23	(Grants \$ ) If this amount	ıncludes foreign gra		▶ 🗆	<b>29</b> a	1
30	(Grants \$ ) If this amount	includes foreign gra			30a	
	Other program services (describe in Schedule O)					<del>-</del>
		includes foreign gra		▶ □	31a	1
32	Total program service expenses (add lines 28a	through 31a)			32	
Part					stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	<del></del>		<del></del>	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation		Estimated armount of other compensation
TRAC	(a) Name and title  I ALTMANN, AU.D.	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		
DIREC	I ALTMANN, AU.D.	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferred compensation		
DIREC BREN	I ALTMANN, AU.D. CTOR T FISHER, AU.D.	hours per week devoted to position  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	0	other compensation
DIREC BRENT DIREC	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation		other compensation
DIREC BREN' DIREC KRIS'	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	0	other compensation 0
DIRECT DI	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR	hours per week devoted to position  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	0	other compensation
DIRECT BRENT BIRECT BIR	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	contributions to employe benefit plans, and deferred compensation	0	other compensation 0 0
DIRECT BRENT DIRECT BRENT BREN	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR IIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	0	other compensation 0
DIRECT BRENT DIRECT BRENT BREN	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0
DIRECTOR DIR	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	contributions to employed benefit plans, and deferred compensation	0	other compensation  0  0  0
DIRECT BRENT DIRECT STEPP DIRECT ANAL.	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	contributions to employe benefit plans, and deferred compensation	0	other compensation  0  0  0
DIRECT BRENT DIRECT STEPP DIRECT ANAL PRES JENN PRES	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0
DIRECT BRENT DIRECT STEPP DIRECT ANAL PRESTEP DENN PRESTER DENN PRESTE	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0
DIRECT STEPS DIRECT ANAL PRES JENN PRES GRACT PAST	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0
DIRECT REPORT OF THE PRESENT OF THE	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR IIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0
DIRECT NO. 10 PREST GRACT PAST	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECT NO. 10 PREST GRACT PAST	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECT REPORT OF THE PRESENT OF THE	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECT REPORT OF THE PRESENT OF THE	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECT NO. 10 PREST GRACT PAST	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIRECT NO. 10 PREST GRACT PAST	I ALTMANN, AU.D. CTOR I FISHER, AU.D. CTOR TIN GRAVEL, AU.D. CTOR HANIE LUEPKE, AU.D. CTOR ISE LUDWIG, AU.D. IDENT IFER RESIDE, AU.D. IDENT ELECT Y BERRY, AU.D. PRESIDENT HIA HOGAN, PH.D.	hours per week devoted to position  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME  PARTTIME	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	contributions to employe benefit plans, and deferred compensation	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
<del></del>	instructions for fair v) offects if the organization used Schedule of to respond to any question in this	uit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			110
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25-	change on Schedule O (see instructions)	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		
		35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	x	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
-37a−	Enter amount of political expenditures, direct or indirect, as described in the instructions		phone- are	
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.		`	, 51, ~ 8
a	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities	New York	, , .	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A	100 100 100 100 100 100 100 100 100 100		
<b>L</b>	Section 4911 N/A , section 4912 N/A , section 4955 N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	,**		23 33
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	<u>* </u>	7.638	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	·#1	1,38	1, 2,
	on organization managers or disqualified persons during the year under sections 4912,	7		* ` `
	4955, and 4958		; ;	r to
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		- 1	- 180
	40c reimbursed by the organization			,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ N/A	706		
42a	The organization's books are in care of ▶ CYNTHIA HOGAN  Telephone no. ▶ 612-2	73-7	363	<del></del> -
	Located at ▶ BLOOMINGTON MN ZIP + 4 ▶ 55420			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country ► N/A			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	[	х
	If "Yes," enter the name of the foreign country. ► N/A			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	<b> </b>	
	completed instead of Form 990-EZ	44a	<b> </b>	х
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u> </u>		
_	·	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
u	explanation in Schedule O	44d	<del> </del>	<del> </del>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	738	<u> </u>	<u> </u>
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	]		
	Form 990-EZ (see instructions)	45b		Х

om 99	00-EZ (2016)						Page <b>4</b>
	•	<del></del>				Yes	No
46	Did the organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or in o	pposition		
•	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	<u>.</u>	4	6	X
Part	VI Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used So	ns must answer que		•	ete the tables	s for lir	nes
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect durir	ng the tax	7	
48	Is the organization a school as described	in section 170(b)(1)(A)(	ii)? If "Yes," complete S	Schedule E	4	8	
49a	Did the organization make any transfers		•	ation?	49	a	$\coprod$
50	If "Yes," was the related organization as Complete this table for the organization's employees) who each received more that	s five highest compen	sated employees (oth	nization. If there	ıs none, enter	tees, a	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health bene contributions to en benefit plans, and c compensation	nployee (e) Estim deferred other o	ated amo	
		-	1			<del></del>	
		-					
		<b>*</b>					
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp	ensated independent	contractors wh	o each receive	ed mor	e than
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(c) Compens	sation	
			-				
			-				
			]				<del></del>
ــــــــــــــــــــــــــــــــــــــ	Total number of other independent and	rostom onch sancu	1 aves \$100 000				
52	Total number of other independent continuous Did the organization complete Sched completed Schedule A	_		nizations must	attach a	es 🗆	No
	penalties of penjury, I declare that I have examined this irrect, and complete Declaration of preparer (other that						
	V Cynthie a. A	topen Han	einali	V /	1-15-20	17	
Sign Here	Signature of officer  VCYnthia A.	Abgan Hay	genrader to	Date LASULET			
	Type or print name and title		j ·				

Print/Type preparer's name

Firm's name ► SCHMITZ & KETCHUM PA

Firm's address ▶ 600 25TH AVE S #102 ST CLOUD MN 56301

May the IRS discuss this return with the preparer shown above? See instructions

BETHANY A KETCHUM

Paid

Preparer

Use Only

► X Yes No

Check if self-employed P01370749

Firm's EIN ▶ 41-1771683

Phone no 320-251-7444

Date

11/09/2017

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
THE_M	INNESOTA-AGADEMY-OF-AU	DIOLOGY		41-1779290	
Part		e organization is exempt un			
1	Provide a description of definition of "political car	f the organization's direct and mpaign activities")	indirect political ca	ampaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions)		▶ \$	
3		cal campaign activities (see instr			
Part	I-B Complete if the	e organization is exempt un	der section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organi	zation under sectio	n 4955 ▶ \$	<del></del>
2	Enter the amount of any	excise tax incurred by organizati	on managers under	section 4955 🕨 \$	)
3	If the organization incurre	ed a section 4955 tax, did it file F	orm 4720 for this ye	ear?	Yes No
4a					🗌 Yes 🔲 No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt un			(c)(3).
1		ly expended by the filing organ			
_					***************************************
2		filing organization's funds contraities			
3		vities			
3					
4		n file <b>Form 1120-POL</b> for this yea		· ·	
_					
5	organization made payme the amount of political co	ses and employer identification nents. For each organization listed ontributions received that were profund or a political action commit	l, enter the amount romptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	_						
Schedule	C	(Form	990	or	990-	F71	2016

Page 2

P	art	II-A Complete if the organization section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Cł	neck ► ☐ if the filing organization to name, address, EIN, exp					oup member's
В	Cł	neck > [] if the filing organization of	hecked box A	and "limited con	itrol" provisions a	apply.	
		Limits on Lo (The term "expenditures"	obying Expendi neans amount		  .)	(a) Filing organization's totals	(b) Affiliated group totals
_	1a	Total lobbying expenditures to influence	e public opinior	grass roots lobb	vina)		
	b	Total lobbying expenditures to influence			• •		
	C	Total lobbying expenditures (add lines					
	d	Other exempt purpose expenditures					
	е	Total exempt purpose expenditures (a	dd lines 1c and	1d)			
	f	Lobbying nontaxable amount. Enter columns.	the amount	from the followin	g table in both		
	ſ	If the amount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amoui	nt is:		
	[	Not-over-\$500;000		mount on line 1e			·
		Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000	* + >,	3 34 34 3
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000	, ,	
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess	over \$1,500,000	, , , ,	
		Over \$17,000,000	\$1,000,000			A STATE OF THE STA	4079
	g	Grassroots nontaxable amount (enter:	•				
	h	Subtract line 1g from line 1a If zero or					
	i	Subtract line 1f from line 1c. If zero or	,				
	j	If there is an amount other than zer reporting section 4911 tax for this year	r?		<u> </u>		Yes No
		(Some organizations that made a s	ection 501(h) e	Period Under se lection do not hav tructions for lines	e to complete all	of the five column	ns below.
_		Lobbyi	ng Expenditure	s During 4-Year A	veraging Period	,	
		Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
	2a	Lobbying nontaxable amount					
	b	Lobbying ceiling amount (150% of line 2a, column (e))				*	
	С	Total lobbying expenditures					
	d	Grassroots nontaxable amount					
	е	Grassroots ceiling amount (150% of line 2d, column (e))					
	f	Grassroots lobbying expenditures					

Part II-B

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For 's	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
descr	iption of the lobbying activity.	Yes	No	Ал	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?	<u> </u>				
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			=		===
h-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
,	Total. Add lines 1c through 1i			<del></del>	at. V	N.5 -3%;
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- Se-	5	, 4, x		<b>A.</b> Y
b	If "Yes," enter the amount of any tax incurred under section 4912	5-≱″. 2-#≛	*			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\$ S	<u> </u>	1 100° 2 100° 11	100 5 100 1 m	الايواريو <sup>ي م</sup> الايوسي
		\(\frac{1}{2}\)	لـــا	<u> </u>	2	N.A.
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		Х
1	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  Dues, assessments and similar amounts from members				line 3	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of	- 1			
-	political expenses for which the section 527(f) tax was paid).	· ••	" -			
а	Current year		2a			
h	Carryover from last year		2b			
Č	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, lii	nes 1	and

Schedule C (Form 990 or 990-EZ) 2016 Page 4							
Part IV (	Supplemental Information (continued)						
•							
		***************************************					

### SCHEDULE O (Form 990 or 990-EZ)

# 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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

MINNESOTA ACADEMY OF AUDIOLOGY		41-1779290	
FORM 990-EZ PART I LINE 4 – INVESTMENT INCOME			
INTEREST	\$	11	
DIVIDENDS	Ψ	1,179	
S-T CAPITAL GAINS		122	
L-T CAPITAL GAINS		515	
UNREALIZED-GAIN		1,209	
TOTAL	\$	3,036	
FORM 990-EZ PART I LINE 8 – OTHER REVENUE			
SPONSORSHIP/CONTINUING ED	\$	60,885	
FORM 990-EZ PART I LINE 10 - SCHOLARSHIPS			
MAGARET MCMAHON	\$	1,000	
CARTER HEMSTOCK		250	
HANNAH STAATS		250_	
TOTAL	\$	1,500	
FORM 990-EZ PART I LINE 16 - OTHER EXPENSES			
ADMINISTRATORS	\$	5,276	
AWARDS/HONORS		234	
AUDIOLOGY AWARENESS		64	
BOARD OF DIRECTORS		903	
CREDIT CARD FEES		3,658	
DEPRECIATION		209	
GOVERNMENT RELATIONS		4,000	
INSURANCE		606	
INTUIT FEES		330	
INVESTMENT FEES		465	
LOBBYIST		6,000 154	
MEMBERSHIP OFFICE SUPPLIES/EXPENSE		1,128	
STATE FAIR		4,650	
TELEPHONE		4,030 522	
WEBSITE		3,159	
WINTER CONFERENCE		55,864	
OTHER		1,778	
TOTAL	\$	89,000	
	1		

Name of the organization	Employer identification number
THE MINNESOTA ACADEMY OF AUDIOLOGY	41-1779290

#### FORM 990-EZ PART II LINE 24 - OTHER ASSETS

	 2015		2016
EQUIPMENT	 	_	
COST	\$ 2,941	\$	2,941
ACCUMULATED DEPRECIATION	 1,811		2,020
NET BOOK VALUE	\$ 1,130	\$ [	921

#### FORM 990-EZ PART III - EXEMPT PURPOSE

THE MINNESOTA ACADEMY OF AUDIOLOGY IS ORGANIZED FOR THE PURPOSE OF PROMOTING\_THE\_PUBLIC\_GOOD\_BY\_FOSTERING\_THE\_GROWTH, DEVELOPMENT, RECOGNITION AND STATUS OF THE PROFESSION OF AUDIOLOGY AND ITS MEMBERS IN MINNESOTA AND NEIGHBORING STATES. THE MINNESOTA ACADEMY OF AUDIOLOGY IS A STATE AFFILIATE OF THE AMERICAN ACADEMY OF AUDIOLOGY. THE ACTIVITIES OF MAA INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

#### **GOVERNMENTAL AFFAIRS:**

THE GOVERNMENTAL AFFAIRS COMMITTEE MONITORS LEGISLATIVE AND OTHER GOVERNMENTAL ACTIVITY IN THE STATE AND ACTIVELY ADVOCATES ON ISSUES RELATED TO AUDIOLOGY. MAA RETAINS THE SERVICES OF A LOBBYING FIRM FOR THIS PURPOSE.

#### CONTINUING EDUCATION:

MAA PROVIDES CONTINUING EDUCATION OPPORTUNITIES FOR ITS MEMBERS IN THE FORM OF EDUCATIONAL MEETINGS.

#### **AUDIOLOGY AWARENESS:**

MAA SEEKS TO INCREASE PUBLIC AWARENESS OF THE PROFESSION OF AUDIOLOGY THROUGH THE NEWS MEDIA AND OTHER INFORMATION DISSEMINATION OPPORTUNITIES.

#### INFORMATION DISSEMINATION:

MAA PROVIDES INFORMATION TO ITS MEMBERS ON MATTERS RELATED TO AUDIOLOGY THROUGH ITS NEWSLETTERS, MAILINGS, BUSINESS MEETINGS AND WEBSITE.