RETURN EXTENDED TO NOVEMBER 15, 2019 turn of Organization Example 15 **Return of Organization Exempt From Income Tax**

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

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

	ntern	al Reve	nue S	Service	Go to w	ww.irs.gov	/Form990 for instr	uctions and	d the lates	st informat	<u>ion</u>		Inspection
	A F	or th	e 20	18 calend	lar year, or tax year begi	nning		and	ending				
i	B C	heck if pplicab	le	C Name of	f organization		•			D Emp	loyer ide	ntificati	ion number
	_	Addre	ess	ACAD	EMY OF DOCTOR	RS OF	AUDTOLOGY						
	H	Name		*	usiness as	<u></u>			<u> </u>	_	42	-120	3064
	一]Initial return			r and street (or P.O. box if r	mail is not de	livered to street addre	(22	Room/suit	e F Teler	ohone nu		<u> </u>
		Final			EAST HIGH STE				10	" - " "			3-5544
		return termir ated			own, state or province, co		7IP or foreign post:			G Gross			978,749.
		Amen	ded	-		0507	Zir or foreign post	ai 0000			this a gro	up retur	
	F	Applic	,		ind address of principal of		NILESHWAR	. AU.I	D.		subordır		Yes X No
ž		pendi	ng		AS C ABOVE			.,			all subordin		
뎐.	iΤ	ax-ex	emr	t status	501(c)(3) X 501(c	c) (6	(insert no.)	4947(a)(1)	or 52	/ 			. (see instructions)
껉.					://WWW.AUDIOI				1				umber 🕨
					X Corporation Tru			ner 🕨	L Yea				tate of legal domicile: PA
		rt I		ummary					Ī			•	
چ ا		1	Brie	efly describ	e the organization's miss	ion or most	significant activitie	s THE	ACADE:	MY OF	DOCT	ORS	OF
_	Governance		AU	DIOLO	GY IS DEDICAT	CED TO	THE ADVAN	CEMENT	OFP	RACTI	TIONE	R	
٥	E	2	Che	eck this bo	x 🕨 🔲 if the organiz	ation disco	ntinued its operatio	ns or dispo	sed et mo	e than 25%	of its ne	t assets	i.
	Ş	3	Nur	mber of vot	ting members of the gove	rning body	(Part VI, line 1a)	-	DEUL	LIVFΓ		3	8
200		4	Nui	mber of ind	dependent voting member	rs of the go	verning body (Part \	/I, Ime (b)			701	4	8
	SS	5	Tot	al number	of individuals employed in	n calendar :	year 2018 (Part V, III	ne 24)	NOV #	8 2019	181	5	0
	ij	6	Tot	al number	of volunteers (estimate if	necessary)		إشا	~	0 2019	121	6	0
	Activities &				d business revenue from			1 70	CDE][2]	7a	38,462.
		<u>b</u>	Net	unrelated	business taxable income	from Form	990-T, line 38	<u>L_U</u>	GDF	V. UT	·- _	7b	0.
											Year	_	Current Year
	ايو	8	Cor	ntributions	and grants (Part VIII, line	1h)			<u> </u>		<u>17,34</u>		208,256.
	e l	9		_	ice revenue (Part VIII, line	-			-	64	17,11		713,798.
	Revenue	10			come (Part VIII, column (A				-		65		394.
	-	11			e (Part VIII, column (A), line				<u> </u>		11,33		56,301.
	_	12			- add lines 8 through 11 (), line 12)		81	06,45		978,749.
_	, l	13			milar amounts paid (Part I	•			_			0.	0.
2	ž	14			to or for members (Part I)		•		H			0.	0.
~	es es	15					lines 5-10)	⊢			0.	0.	
α —	2 2				undraising fees (Part IX, c				0.			 	<u> </u>
0 -	Exp				ing expenses (Part IX, col					01	51,14	<u>_ </u>	970,738.
Z,					es (Part IX, column (A), lin)E)	-		$\frac{51,14}{51,14}$		970,738.
_					es. Add lines 13-17 (must o			(3)	F		$\frac{1}{4},686$		8,011.
₽.	<u> </u>		nev	renue less	expenses. Subtract line 1	o iroin iine	12			Beginning of			End of Year
Z L	캾텳	20	Tot	al accote (E	Part X, line 16)				<u> </u>		33,10		329,634.
Ξ	SE Bass	21		•	s (Part X, line 26)						94,61		183,140.
ζ	Net Assets or Fund Balances	22			fund balances. Subtract I	ine 21 from	line 20				38,48		146,494.
? [Pa	rt II		ignature					<u> </u>			•	
, .			alties	of perjury,	I declare that I have examine	d this return	, including accompany	ing schedule	s and stater	ments, and to	the best	of my kn	owledge and belief, it is
t	rue,	corre	ct, ar	nd complete.	. Declaration of preparer (oth	ner than offic	er) is based on all info	rmation of w	hich prepare	er has any kr	nowledge.		
-					trade Cond	Lan	shi				11.	<u> </u>	1.19
•	Sign	1		Signature	e of officer	$\overline{\lambda}$	<u> </u>				Date		` '
	lere				HANIE CZUHAJE	EWSKI,	EXECUTIVE	DIREC	CTOR				
_				Type or p	print name and title								
			Pri	nt/Type prep	parer's name		Preparer's signature	enchil	.00.	Date	Che	ck	PTIN
F	aid		LE	SLEY			LESLEY KE	7. JAC	rux_	11/8/1	9 self	employed	P01338178
F	rep	arer		m's name	DARVERKELLY						Firm's Elf	1 • 1	34-2256306
ı	Jse (Only	Fır	m's address								,	
-			$oxed{oxed}$		GREENVILLE	, SC 2	<u>9601</u>				Phone no	.(864	
1	Иay	the I	RS c	discuss this	s return with the preparer	shown abo	ve? (see instruction	ns)					X Yes No
8	3200	1 12-3	1-18	LHA F	For Paperwork Reduction	n Act Noti	ce, see the separat	te instructio	ons.				Form 990 (2018)

4d	Other program	services (Describe	ın Schedule O.)
	(Expenses \$		including g

Total program service expenses

(Code) (Expenses \$

273,889.)

635,789.

Form 990 (2018)

Form 990 (2018)

CARE.

THE

prior Form 990 or 990-EZ?

OPPOTUNITIES.

PROFESSION.

) (Expenses \$

) (Expenses \$

Form 990 (2018) ACADEMY OF DOCTORS OF AUDIOLOGY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	!		
	public office? If "Yes," complete Schedule C, Part I	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? If "Yes," complete Schedule C, Part II	_4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	X	_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
^	Schedule D, Part III	- 0		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			 -
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			<u> </u>
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		X
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			ĺ
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a	_	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	L	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? If "Yes," complete Schedule G, Part II	18	<u> </u>	_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes." complete Schedule I. Parts I and II	21		<u>_x</u> _
832003	1 12-31-18	Form	990	(2018)

14321108 153278 A001

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
		23		Х
04 -	Schedule J	23		 -
24 a	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			х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	~'		<u> </u>
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)			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		
С	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		Х
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?			ĺ
	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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		x
05-	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25-		1
	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?			1
	If "Yes," complete Schedule R, Part V, line 2	36		
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 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	<u>x</u>	
832004	1 12-31-18			(2018)
JUL 1004	7 IE-WI- IW			/

Page 5

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
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	0			
b				2b		
		s)			 -	ئــــا
				3a	X	
				3b	X	
4a	,		•			37
_		accoun	nt)?	4a		X
b			(50.4.0)]
_	net the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ed for the calendar year ending with or within the year covered by this return at least one is reported on line 2a, did the organization file all required federal employment tax returns? obtained the file of the calendar year of the companion of the state of the calendar year, or the companion of the state of the companion of the compa			<u> </u>		
		-42		5a		X
b		Cuon?				
			enzation collect	- 5C		
оa		e orga	mization solicit	60		х
L	•	one or	afte	0a		
U	•	J.13 UI	giito	6b		
7				0.0		1
	•	vices n	rovided to the payor?	7a		
		т.ооо р		7b		
		as requ	ured			
-	to file Form 8282?	•		7c		
d		7d				
		ontrac	t۶	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8		by the	е			
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 980° Tro'r this year" if "No" to line 3b, provide an explanation in Schedule O 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 accounts) If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions of the problem of the shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," it is a 55 b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," it is a 55 b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," it is a 55 b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," it is a foreganization include with every solicitation an express statement that such contributions or grifts were not tax deductible? Organizations that were not tax deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? To the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to tile form 8282? To the organization see, exchange, or otherwise dispose of tangble personal property for which it was required to tile fero ma 8282? To bid the organization see, exchange					<u></u>
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
	rganization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7horing organizations maintaining donor advised funds. Did a donor advised fund maintained by the oring organization have excess business holdings at any time during the year? 8 poring organizations maintaining donor advised funds. 8 sponsoring organization make any taxable distributions under section 4966? 9 sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 both 501(c)(7) organizations. Enter					
10		۱	ı			}
	•					1
	·	מטר	I			
11		مه ا	ſ			}
		11a				}
Ø	· · · · · · · · · · · · · · · · · · ·	111				}
12a	·		?	12a		
			1			
						ļ
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b						
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		_ <u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.					لــــا
	•	t incon	ne?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			لــِــا	000	(00:17)
				Form	33U	(2018)

832005 12-31-18

ACADEMY OF DOCTORS OF AUDIOLOGY 42-1203064 Form 990 (2018) 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. X Upon request Own website Another's website Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE CZUHAJEWSKI - 866-493-5544 EAST HIGH STREET, NO. 10, LEXINGTON, KY 40507 44

832006 12-31-18

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

Check if Schedule O contains a response or note to any line 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Apployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALICIA SPOOR, AUD	2.00									
PAST PRESIDENT		X		X	L			0.	0.	0
(2) RAM NILESHWAR, AUD	2.00									_
PRESIDENT		X		X	_			0.	0.	0
(3) DEB ABEL, AU.D.	2.00	ļ						_		
PRESIDENT ELECT		X	_	X	_	<u> </u>	_	0.	0.	0
(4) LARRY SCHMIDBAUER, AUD	2.00			l	1					
SECRETARY		X		X	_	<u> </u>	_	0.	0.	0
(5) KRISTIN DAVIS, AU.D.	2.00			١,,					0.	^
DIRECTOR-AT-LARGE	1 2 00	X		X	├	├-	┝	0.	<u> </u>	0
(6) TIMOTHY STEELE, PH.D TREASURER	2.00	x						0.	0.	0
(7) RACHEL A. MAGANN FAIVRE, AUD	2.00	^				 	┢─	- 0.	•	
DIRECTOR-AT-LARGE	2.00	X						0.	٥.	0
(8) AUDRA BRANHAM, AU.D.	2.00	-					-			,
DIRECTOR-AT-LARGE	2,00	x					İ	0.	0.	0
(9) BRIAN TAYLOR, AUD	2.00	-	\vdash			Г				
AUDIOLOGY PRACTICES EDITOR		x			ł			0.	0.	0
(10) STEPHANIE CZUHAJEWSKI	20.00									
EXECUTIVE DIRECTOR		1		X				0.	0.	0
	,									
		-								,
		<u> </u>								
		+	_		-	\vdash				
		<u> </u>	<u>_</u>		<u></u>				<u> </u>	Form 990 (201

Form **990** (2018)

Part VII Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	1 Hig	ghes	it C	ompensated Employee	s (continued)			
(A)	(B)			(()			(D)	(E)		(F)	
Name and title	Average	[Pos	ition			Reportable	Reportable		Estimated	
	hours per	box	, unles	ss pe	son :	than o s both	an	compensation	compensatio	n	amount of	
	week	offi	cer an	dad	recto	r/trus	tee)	from	from related	ı	other	
	(list any	ector		1				the	organizations		compensation	i
	hours for	l je	a			亞		organization	(W-2/1099-MIS	C)	from the	
	related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		1	organization	
	organizations below	al tru	onal		Key employee	8 S					and related	
	line)	divid	t tit	Officer	, em	plest	Former				organizations	
		Ē	Ë	10t	જ	로등	요				_	_
		-									I	
		₩				├	<u> </u>					
					ľ						I	
	<u> </u>	ļ	_			<u> </u>	_					_
					ŀ						I	
	<u> </u>	<u> </u>							_		<u> </u>	_
					ļ						I	
		<u> </u>										
		1									1	
						L	<u> </u>				•	_
										,	I	
		L					<u> </u>					
								'			1	
											1	
		<u> </u>									<u> </u>	
1b Sub-total							▶	0.		0.	0	
c Total from continuation sheets to Part V	II, Section A							0.		0.	0	
d Total (add lines 1b and 1c)								0.		0.	0	•
2 Total number of individuals (including but i	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	—)		
compensation from the organization											!	0
								<u></u>			Yes No	5
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	olqn	yee,	or ł	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for			•	•	•	•					3 X	
4 For any individual listed on line 1a, is the s		e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$15									J		4 X	
5 Did any person listed on line 1a receive or			-						dual for services			_
rendered to the organization? If "Yes." cor								J			5 X	_
Section B. Independent Contractors	ipiete Scriedali		0/ 30	بان	7013	<u> </u>			÷ ÷ = + + + + + + + + + + + + + + + + +			_
Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensa	tion from	_
the organization. Report compensation for												
(A)								(B)			(C)	_
Name and business	address	NO	ONE	C				Description of s	ervices	С	compensation	
						_						_
							ヿ					
							\dashv					_
							\dashv					_
•							\dashv					_
2 Total number of independent contractors (ncludina but ni	ot lin	nited	l to	thos	se lis	ted	above) who received me	ore than			_
\$100,000 of compensation from the organ	•	- · ···			(_						
Tronger of componing and member of gard								-			E 990 (2016	_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1Խ **b** Membership dués c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 208,256 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 208,256 h Total. Add lines 1a-1f Business Code 453,748, 453,748 2 a CONVENTION 900099 Program Service Revenue 260,050. 260,050 MEMBERSHIP DUES & ASSE 900099 f All other program service revenue 713,798. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 394 394 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 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 fundralsing events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other billiess, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 10 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 Business Code 21,500 21,500. 511120 11 a AUDIOLOGY PRACTICES 16,927 16,927. ADA STORE 900099 519130 16,462. 16,462. WEBSITE ADVERTISING 900099 912 500. 1,412. d All other revenue 56,301. e Total. Add lines 11a-11d 394. 637 38,462 978,749.

832009 12-31-18

Form 990 (2018)

Total revenue. See instructions

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 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 domestic organizations				[
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		-		
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	`			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	300,000.			
b	Legal	5,115.			
С	Accounting	6,758.			
d	Lobbying	145,905.			<u> </u>
е	Professional fundraising services. See Part IV, line 17	-			<u> </u>
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.)				
12	Advertising and promotion	2,037.			
13	Office expenses	2,037.			
14	Information technology				
15	Royalties		-		
16	Occupancy	95,542.			
17	Travel	33,342.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	212,238.			
19	Conferences, conventions, and meetings	212,230.			
20	Interest				
21	Payments to affiliates			·	
22	Depreciation, depletion, and amortization	5,827.			
23	Other expenses, Itemize a page not covered	3,027.			
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 0.)	- · ·			m +5
а	DESIGN & PRINTING	55,060.			
b	GIFTS & AWARDS	30,391.			
C	CREDIT CARD CHARGES	18,761.			
d	AUDIOLOGY RESOURCES	15,600.			
e	All other expenses	77,504.			
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	970,738.		ļ. ———	
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)			<u> </u>	5 000 (2010)

1 4	rt X	Charle (Charles Charles Charle				
		Check if Schedule O contains a response or not	e to any line in this Part X			
		<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		126,916.	1	134,201.
	2	Savings and temporary cash investments		151,684.	2	152,378.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,203.	4	3,160.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
	j	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	. `	,	. ,
	i	employers and sponsoring organizations of sect	on 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ÿ	8	Inventories for sale or use	ļ		8	
	9	Prepaid expenses and deferred charges	8,299.	9	14,895.	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a			<u></u>
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1	i1	25,000.	13	25,000.
	14	Intangible assets	ļ		14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	333,102.	16	329,634.	
	17	Accounts payable and accrued expenses	26,614.	17.	22,402.	
	18	Grants payable	4.60 005	18	460 500	
	19	Deferred revenue		168,005.	19	160,738.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to current and former				
		key employees, highest compensated employee	s, and disqualified persons.			``
Liabilities		Complete Part II of Schedule L	•		22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
	-	parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	ŀ	194,619.	25	183,140.
	26	Total liabilities. Add lines 17 through 25		134,013.	26	103,140.
		Organizations that follow SFAS 117 (ASC 958)				
es		complete lines 27 through 29, and lines 33 an	d 34.	99,566.		109,163.
anc	27	Unrestricted net assets	ŀ	38,917.	27	37,331.
Bal	28	Temporarily restricted net assets		30,317.	28 29	37,331.
ď	29	Permanently restricted net assets	SO 050) abaatabana 🕨 🦳		29	-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), cneck nere			
S 0		and complete lines 30 through 34.	ł		30	
set	30	Capital stock or trust principal, or current funds	amont fund	<u> </u>		
Ä	31	Paid-in or capital surplus, or land, building, or eq	ſ		31 32	
ĕ	32	Retained earnings, endowment, accumulated inc	come, or other lunds	138,483.	33	146,494.
_	33	Total net assets or fund balances		333,102.	34	329,634.
	34	Total liabilities and net assets/fund balances		333,102+	4	Form 990 (2018)

Form **990** (2018)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

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

18

OMB No 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

•	Section 501(c)(4), (5), or (6) orga	nizations Complete Part III.			
	ne of organization			Empl	oyer identification number
	ACADE	MY OF DOCTORS OF A	UDIOLOGY		42-1203064
Pa	art I-A Complete if the	organization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the org	anization's direct and indirect politi	cal campaign activities	ın Part IV.	
2	Political campaign activity expe	enditures		▶\$	
3	Volunteer hours for political car	npaign activities			
Pa	art I-B Complete if the	organization is exempt und	ler section 501(c)	(3)	. -,_ .
		tax incurred by the organization un		<u>(o).</u> ▶ \$	
		tax incurred by organization manag			
	•	ection 4955 tax, did it file Form 4720		,	Yes No
	Was a correction made?		•		Yes No
	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the	organization is exempt und	ler section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing o	rganization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expendit	ures Add lines 1 and 2. Enter here	and on Form 1120-POL		
	line 17b			▶\$	
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	•	d employer identification number (E	•	_	
		nization listed, enter the amount pa			
		e promptly and directly delivered to c). If additional space is needed, pro			e segregated rund or a
	···	,		1	(.) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
_	·				
		-			
	·				
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 A Part II-A Complete if the orga	CADEMY OF	DOCTORS OF	AUDIOLOGY	42-1	1203064 Page
section 501(h)).	inization is exe	silipi under sectio	ii 50 i(c)(5) and me	u Form 5700 (en	ection under
Check In the filing organization of the filing organization or	of excess lobbying	g expenditures).	n Part IV each affiliated o	group member's nam	ne, address, EIN,
Check I if the filing organizati	on checked box A	and "limited control" pr	ovisions apply.	(a) Filing	(b) Affiliated group
	s on Lobbying Exp tures" means am	enditures ounts paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influe	ence public opinior	(grass roots lobbying)			
b Total lobbying expenditures to influe	ence a legislative b	ody (direct lobbying)	,		
c Total lobbying expenditures (add line	es 1a and 1b)		_		
d Other exempt purpose expenditures	1			_	_
e Total exempt purpose expenditures	(add lines 1c and	ld)	-		_
f Lobbying nontaxable amount. Enter	the amount from t	he following table in bo	th columns.		
If the amount on line 1e, column (a) or		obbying nontaxable an			
Not over \$500,000	20% (of the amount on line 1e)		
Over \$500,000 but not over \$1,000,		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce			
Over \$17,000,000		0,000			
g Grassroots nontaxable amount (ente	er 25% of line 1f)			 	
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zero reporting section 4911 tax for this ye		or line 1i, did the organiz	zation file Form 4720	•	Yes N
	4-Year A	veraging Period Unde	r Section 501(h)		
(Some organizations that		501(h) election do not arate instructions for l		f the five columns b	elow.
		enditures During 4-Ye	<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					ļ
c Total lobbying expenditures	. 				
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots Johnwing expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 ACADEMY OF DOCTORS OF AUDIOLOGY 42-12030 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	D. H. J.				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			-	
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
	501(c)(6).				
				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		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior vear		Х	
	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," OF	(b) Part	III-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1_1_	260	050.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		<u>,905.</u>
ь	Carryover from last year		2b	38	,420.
¢	Total		2c		.,325.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	130	0.025.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	<u> </u>)	
	expenditure next year?		4 ′	54	.,300.
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	p list); Part II	-A, lines 1 a	nd 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	• •	·	·	
	\				
	•				
					-
	 				
					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

ACADEMY OF DOCTORS OF AUDIOLOGY

Employer identification number 42-1203064

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line		on place in the					
	organization anomorous ros ottrollinos, rattry into	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)	·						
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advis	sed funds					
_	are the organization's property, subject to the organization's ex		Yes No					
6	Oid 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							
	impermissible private benefit?		Yes No					
Par		anization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	-					
	Preservation of land for public use (e.g., recreation or ed		toncally important land area					
	Protection of natural habitat	Preservation of a cei	rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c					
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struct	ure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ease	ment is located >						
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it h	n easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
	<u> </u>							
7		Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
_	S	4.6.4	0-V4VDV)					
8	s each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes N							
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and							
9								
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for					
Par	t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets.					
<u>. u.</u>	Complete if the organization answered "Yes" on Form S							
	If the organization elected, as permitted under SFAS 116 (ASC	-	ment and halance sheet works of art					
ıa	historical treasures, or other similar assets held for public exhil							
	the text of the footnote to its financial statements that describe		arioe of public service, provide, in Fair Ain,					
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical					
ь	treasures, or other similar assets held for public exhibition, edu							
	relating to these items	acation, or research in fartherance of pu	iblic scryicc, provide the following amounts					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		S S					
2	If the organization received or held works of art, historical treas	sures or other similar assets for financia	al gain provide					
2	the following amounts required to be reported under SFAS 110		argani, protido					
_	Revenue included on Form 990, Part VIII, line 1	5 (100 300) relating to these items	> \$					
a h	Assets included in Form 990, Part X		s					
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018					

Sche		OF DOCTORS							Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Oth	er Sim	ilar Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that are a	significa	nt use of its c	ollection it	ems
	(check all that apply)								
а	Public exhibition	d			hange programs				
b	Scholarly research	e		Other					
С	Preservation for future generations				•				
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ie organization's exi	empt pu	rpose in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or other simila	ar assets	·	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang		ete If the	organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21			 				
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for o	contributions	s or other assets no	t include	ed	_	
	on Form 990, Part X?							」Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able		_			
						<u> </u>		Amount	
	Beginning balance						С		
	Additions during the year					<u> </u>	<u>d</u>		
е	Distributions during the year						е		
f	Ending balance					_	<u> </u>		
	Did the organization include an amount on Fo							」Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete n				1	1			
	<u> </u>	(a) Current year	(b) ⊦	nor year	(c) Two years back	(d) In	ree years back	(e) Four y	rears back
1a	Beginning of year balance					-			
b	Contributions								
C .	Net investment earnings, gains, and losses					<u> </u>	. —		
a	Grants or scholarships					 			
е	Other expenditures for facilities				j				
	and programs					_			
Ţ	Administrative expenses					+	 .		
g	End of year balance	ant year and balance	. // 1 .		L			l	
2	Provide the estimated percentage of the curre		% (iiiie ig	j, column (a)	n neiu as				
a	Board designated or quasi-endowment	%							
b	Permanent endowment Temporarily restricted endowment	% %							
С	The percentages on lines 2a, 2b, and 2c shou								
20	Are there endowment funds not in the posses	•	ition tha	t are held an	nd administered for	the oraș	nization		
Ja	by	331011 Of the organize	illoir iiia	t are riold ar	ia administered for	ano orge	IIIZUIIOII		res No
	(i) unrelated organizations							3a(i)	30 110
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the							<u> </u>	
	t VI Land, Buildings, and Equipm			******					
	Complete if the organization answered), Part IV	/, line 11a S	ee Form 990, Part)	(, line 10)		
	Description of property	(a) Cost or o		ľ		Accumu	- 1	(d) Book	value
		basis (investr	nent)	basis	(other) d	leprecia [,]	tion		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line 10	Oc.)				0.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV II	ne 11h. See Form 990. Pa	art X line 12	•
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
(1) Financial derivatives	 			
(2) Closely-held equity interests				
(3) Other				
(A)	 			
(B)	 	-		
(C)				
(D)	 			-
(E)	 			
(F)				
(G)				
(H)	†			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	†		-	
Part VIII Investments - Program Related.	<u>, </u>			·
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11c. See Form 990. Pa	rt X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of val	uation Cost or end-	of-year market value
(1) EARVENTURE	25,000	. END-OF-YE	AR MARKET	VALUE
(2)	<u> </u>			
(3)	†			
(4)		-		
(5)				
(6)	<u> </u>			
(7)	 			-
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	25,000).	¥ 1 "	
Part IX Other Assets.	<u> </u>			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11d. See Form 990, Pa	art X, line 15.	
	Description			(b) Book value
(1)		<u></u>	,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	•			
(8)				
(9)		-		
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		>	
Complete if the organization answered "Yes"	on Form 990, Part IV. Ir	ne 11e or 11f. See Form 9	990, Part X, line 25.	
(a) Description of liability	1	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				•
<u>(6)</u>				
<u>(7)</u> (8)				
(9)				
(5)	* .			

2. Liability for uncertain tax positions. 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

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

14321108 153278 A001

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization

ACADEMY OF DOCTORS OF AUDIOLOGY

Employer identification number 42-1203064

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCELLENCE, HIGH ETHICAL STANDARDS, PROFESSIONAL AUTONOMY AND SOUND
BUSINESS PRACTICES IN THE PROVISION OF QUALITY AUDIOLOGIC CARE. IN
PARTICULAR, ADA'S MISSION EMPHASIES PRACTICE OWNERSHIP. ADA IS FOCUSED
ON HELPING AUDIOLOGISTS SUCCEED IN ALL ASPECTS OF PRACTICE, WITH A
PARTICULAR EMPHASIS ON THE BUSINESS OF AUDIOLOGY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MEMBERSHIP REVENUE, CONTRIBUTIONS, ACTIVITIES, OTHER
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 273,889.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR
TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEW WITH BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC
UPON REQUEST.