

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
% YVONNE KANKAM-BOADU
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2200 RESEARCH BOULEVARD
City or town, state or province, country, and ZIP or foreign postal code
ROCKVILLE, MD 208503289

D Employer identification number
53-0240474

E Telephone number
(301) 296-5700

G Gross receipts \$ 92,520,115

F Name and address of principal officer
ARLENE PIETRANTON PHD CAE
2200 RESEARCH BOULEVARD
ROCKVILLE, MD 208503289

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.asha.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1947

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR CLINICAL AND RESEARCH-BASED AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS (SEE SCHEDULE O)

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	316
6 Total number of volunteers (estimate if necessary)	1,135
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,675,350
7b Net unrelated business taxable income from Form 990-T, line 34	-159,077

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	499,668
9 Program service revenue (Part VIII, line 2g)	57,201,632	57,837,832
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,592,766	2,953,349
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,185,134	1,192,341
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,479,200	62,429,670
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,422,580	1,736,820
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,327,041	38,237,938
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,538,848	20,929,971
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	60,288,469	60,904,729
19 Revenue less expenses Subtract line 18 from line 12	1,190,731	1,524,941

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	130,666,685
21 Total liabilities (Part X, line 26)	80,089,480	83,059,916
22 Net assets or fund balances Subtract line 21 from line 20	50,577,205	52,971,227

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-11-06
ARLENE A PIETRANTON PHD, CAE, CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MARY TORRETTA Preparer's signature: MARY TORRETTA Date: 2018-11-06
Check if self-employed PTIN: P00847851
Firm's name: Grant Thornton LLP Firm's EIN: _____
Firm's address: 1000 WILSON BLVD SUITE 1400 ARLINGTON, VA 22209 Phone no: (703) 847-7500

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

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

















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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data**4b** (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data**4d** Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							2,948,396	0	1,404,770	

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	2,948,396	0	1,404,770

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 80**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Home Front Communications LLC, 1201 NY Avenue NW WASHINGTON, DC 20005	Communication	1,609,660
Teamwork Labor Services, 23 Norfolk Avenue SOUTH EASTON, MA 02375	Temp Agency	950,862
Levy Premium Food Service LP, 980 Michigan Avenue CHICAGO, IL 60611	Catering	559,426
Grant Thornton LLP, 33960 Treasury Center CHICAGO, IL 60694	Accounting	194,932
Kilpatrick Townsend, PO Box 945614 ATLANTA, GA 30394	Legal	149,548

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	48,903				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	397,245				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			446,148			
Program Service Revenue		Business Code					
	2a MEMBER DUES	900099	40,890,418	40,890,418			
	b SUBSCRIPTIONS AND PUBLICATIONS	900099	1,344,703	1,344,703			
	c CONVENTION REVENUE	900099	5,098,155	5,098,155			
	d CONTINUING EDUCATION	900099	3,721,894	3,721,894			
	e ADVERTISING	541800	1,645,332		1,645,332		
	f All other program service revenue		5,137,330	5,137,330			
g Total. Add lines 2a-2f			57,837,832				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		943,117			943,117	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		812,274			812,274	
	6a Gross rents	(i) Real					
		713,507	(ii) Personal				
		b Less rental expenses	686,953				
		c Rental income or (loss)	26,554	0			
	d Net rental income or (loss)			26,554	1,697	24,857	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		31,413,252	(ii) Other	472			
		b Less cost or other basis and sales expenses	29,403,242	250			
		c Gain or (loss)	2,010,010	222			
	d Net gain or (loss)			2,010,232		2,010,232	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a REVENUE FROM FINANCIAL SERVICES	900099	28,321		28,321			
b OTHER REVENUE	900099	325,192	59,300		265,892		
c							
d All other revenue							
e Total. Add lines 11a-11d			353,513				
12 Total revenue. See Instructions			62,429,670	56,251,800	1,675,350	4,056,372	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,601,425	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	135,395	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,769,161			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	25,724,625			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,506,543			
9 Other employee benefits	4,278,486			
10 Payroll taxes	1,959,123			
11 Fees for services (non-employees)				
a Management	0			
b Legal	149,819			
c Accounting	186,204			
d Lobbying	157,386			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	253,728			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,202,492			
12 Advertising and promotion	0			
13 Office expenses	2,755,183			
14 Information technology	1,940,452			
15 Royalties	0			
16 Occupancy	883,840			
17 Travel	981,715			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,243,163			
20 Interest	413,464			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,407,574			
23 Insurance	243,700			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLICATIONS	1,691,519			
b CAA/PSB SITE VISITS	227,268			
c EMPLOYMENT COSTS	164,143			
d SERVICES PROVIDED TO NSSLHA	28,321			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	60,904,729	0		
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	45,185,436	1	44,486,064
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	23,450	3	15,000
	4 Accounts receivable, net	603,817	4	902,485
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	30,421	8	29,057
	9 Prepaid expenses and deferred charges	437,082	9	839,787
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	61,853,285		
	b Less accumulated depreciation	23,463,386		
	11 Investments—publicly traded securities	44,365,632	11	50,860,579
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	397,385	15	508,272
16 Total assets. Add lines 1 through 15 (must equal line 34)	130,666,685	16	136,031,143	
Liabilities	17 Accounts payable and accrued expenses	6,520,225	17	6,049,318
	18 Grants payable	0	18	0
	19 Deferred revenue	33,901,556	19	35,587,159
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,746,210	23	2,146,210
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	36,921,489	25	39,277,229
	26 Total liabilities. Add lines 17 through 25	80,089,480	26	83,059,916
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	50,577,205	27	52,971,227
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	50,577,205	33	52,971,227
	34 Total liabilities and net assets/fund balances	130,666,685	34	136,031,143

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,429,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,904,729
3	Revenue less expenses Subtract line 2 from line 1	3	1,524,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,577,205
5	Net unrealized gains (losses) on investments	5	3,833,293
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,964,212
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,971,227

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a:

AS THE PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR 185,563 MEMBERS AND AFFILIATES WHO ARE SPEECH-LANGUAGE PATHOLOGISTS, AUDIOLOGISTS, SPEECH, LANGUAGE, AND HEARING SCIENTISTS, AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY SUPPORT PERSONNEL, AND STUDENTS IN THE UNITED STATES AND INTERNATIONALLY, ASHA PROMOTES THE INDIVIDUAL AND COLLECTIVE PROFESSIONAL INTERESTS OF THE MEMBERS OF THE ASSOCIATION AND STIMULATES EXCHANGE OF INFORMATION AMONG PERSONS AND ORGANIZATIONS ENGAGED IN THE ACADEMIC AND CLINICAL DISCIPLINE OF HUMAN COMMUNICATION SCIENCES

Form 990, Part III, Line 4b:

ASHA ENCOURAGES BASIC SCIENTIFIC STUDY OF THE PROCESS OF INDIVIDUAL HUMAN COMMUNICATION WITH SPECIAL REFERENCE TO SPEECH, LANGUAGE, AND HEARING, PROMOTES APPROPRIATE ACADEMIC AND CLINICAL PREPARATION OF INDIVIDUALS ENTERING THE PROFESSION AND PROVIDES MAINTENANCE OF CURRENT KNOWLEDGE AND SKILLS OF THOSE WITHIN THE DISCIPLINE BY OFFERING PROFESSIONAL PUBLICATIONS (A YEAR ROUND NEWSLETTER AND 4 PERIODICAL JOURNALS), CONTINUING EDUCATION PROGRAMS AND PRODUCTS TO ITS MEMBERS

Form 990, Part III, Line 4c:

ASHA ADVOCATES ON BEHALF OF PERSONS WITH COMMUNICATION AND RELATED DISORDERS IT PROMOTES INVESTIGATION AND PREVENTION OF DISORDERS OF HUMAN COMMUNICATION AND FOSTERS IMPROVEMENTS OF CLINICAL SERVICES AND PROCEDURES CONCERNING SUCH DISORDERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gail J Richard President	10 0 0 1	X						0	0	0
Jaynee A Handelsman Immediate Past President	10 0 0 0	X						0	0	0
Elise Davis-McFarland President-Elect	10 0 0 0	X						0	0	0
Margot L Beckerman Chair Audiology Adv Council	10 0 0 0	X						0	0	0
Melanie W Hudson Chair of SLP Advisory Council	10 0 0 0	X						0	0	0
Sandra L Gillam VP for SLP Practice	10 0 0 0	X						0	0	0
Nadine Martin VP For Science and Research	10 0 0 0	X						0	0	0
Joan Mele-McCarthy Gov Relations & Public Policy	10 0 0 0	X						0	0	0
Joseph J Montano VP Standards & Ethics in Aud	10 0 0 0	X						0	0	0
Kathy Shapley NSSLHA National Advisor	1 0 3 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lynn Williams VP Academic Affairs in SLP	10 0 0 1	X						0	0	0
Robert C Fifer VP For Audiology Practice	10 0 0 0	X						0	0	0
Janet Koehnke VP Acad Affairs in Audiology	10 0 0 1	X						0	0	0
Judy Rich VP for Finance	10 0 0 0	X						0	0	0
Perry F Flynn VP for Planning	10 0 0 0	X						0	0	0
Barbara Jacobson VP for standards & ethics slp	10 0 0 0	X						0	0	0
Arlene A Pietranton CEO, See Sch J	60 0 2 5			X				522,656	0	443,685
Kyle Vickers Chief Staff for Operations	50 0 5 0			X				287,886	0	33,001
Vicki Deal-Williams Chief Staff for Multicultural	60 0 0 0				X			261,337	0	109,727
Lemmietta McNeilly Chief Staff for Speech Lang	55 0 0 0				X			254,225	0	54,264

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Margaret Rogers Chief Staff Science & Research	50 0 0 0				X			270,773	0	38,223
Neil Disarno Chief Staff Officer Aud	60 0 0 0				X			253,737	0	57,421
Lisa Cole Director of Communication	50 0 0 35				X			203,426	0	31,554
Robert Mullen Director Ntl Center for EBP	50 0 0 0					X		182,883	0	163,756
Yvonne Kankam-Boadu Director of Finance	50 0 7 75					X		182,813	0	52,586
Ellen Fagan Director, Continuing Education	50 0 0 0					X		186,550	0	303,143
Loretta Nunez Dir, Aca Affairs & Res Educ	50 0 0 0					X		171,238	0	49,568
Janet McNichol Director, Human Resources	43 0 2 0					X		170,872	0	67,842

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶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.

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2017
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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) organizations Complete Part III

Name of the organization AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION	Employer identification number 53-0240474
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____ 0
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) 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				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1j below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j 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)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1 Dues, assessments and similar amounts from members	1	40,890,418
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,004,641
b Carryover from last year	2b	0
c Total	2c	1,004,641
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,635,617
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-630,976

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Political Contributions	Schedule C, Part I-C, Line 5E ASHA acts as a conduit and collects donations for ASHA PAC from its members ASHA immediately transfers the collected monies to ASHA PAC

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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Name of the organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number
53-0240474

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	7,834,684		7,834,684
b Buildings	0	37,006,039	9,357,668	27,648,371
c Leasehold improvements	0	1,819,340	1,523,443	295,897
d Equipment	0	14,890,882	12,582,275	2,308,607
e Other	0	302,340		302,340
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				38,389,899

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION LIABILITY	20,691,074
POST RETIREMENT INSURANCE PAYABLE	13,621,536
PAYABLE TO AFFILIATES	2,717,374
INTEREST RATE SWAP	1,721,759
SELF-INSURED MEDICAL PLAN	493,750
MORTGAGE INTEREST PAYABLE	31,736
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	39,277,229

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Supplemental Information

Return Reference	Explanation
LIABILITY FOR UNCERTAIN TAX POSITIONS (ASC 740)	<p>SCHEDULE D, PART X, LINE 2 ASHA IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C) (6), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE ASHA HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS THE TAX YEARS ENDING DECEMBER 31, 2017, 2016, 2015, AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES ASHA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2017, ASHA REPORTED UNRELATED BUSINESS INCOME TAX, FOR FEDERAL AND STATE PURPOSES, WHICH IS IMMATERIAL FOR FINANCIAL STATEMENT PURPOSES AND IS OFFSET BY NET OPERATING LOSS CARRYFORWARDS AVAILABLE ASHA FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED THE ADOPTION OF ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON ASHA'S FINANCIAL STATEMENTS, AS MANAGEMENT DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS</p>

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number
53-0240474

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶ 7

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S	SCHEDULE I, PART I, LINE 2 FOR GRANTEEES SUPPORTED THROUGH ASHA GRANTS, THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS ARE ESTABLISHED ON A PER-GRANT BASIS APPLICATIONS ARE REVIEWED BY ASHA GRANT ISSUING DEPARTMENTS ONCE GRANTEEES ARE SELECTED, GRANT ACTIVITIES ARE MONITORED THROUGHOUT THE LIFE OF THE GRANT BUDGETS SUBMITTED WITH THE GRANT APPLICATION, AS WELL AS THROUGHOUT THE LIFE OF THE GRANT, ARE REVIEWED AND UNCLEAR ITEMS ARE QUESTIONED AND CLARIFIED BEFORE FINAL APPROVAL OR REJECTION GRANTEEES TYPICALLY SUBMIT A MID-TERM REPORT IN ADDITION TO A YEAR END REPORT REFLECTING PROGRESS MADE, BUDGET, SCOPE, ETC THE FINAL REPORT IS DUE UPON GRANT PROJECT COMPLETION AND INCLUDES A SUMMARY OF ALL APPROVED CHANGES, AND ANY PRODUCT(S) DEVELOPED USING GRANT FUNDS SOMETIMES THE FINAL REPORT IS REVIEWED BEFORE FINAL GRANT FUNDING IS DISBURSED

Additional Data

Software ID:
Software Version:
EIN: 53-0240474
Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Speech-Language-Hearing Assn 825 University Avenue Sacramento, CA 95825	94-6125447	501(c)(6)	6,000				State Association
Colorado Speech-Language-Hearing Assn 700 McKnight Park Dr Pittsburgh, PA 15237	84-0745204	501(c)(6)	8,000				State Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Carolina University 2200 South Charles Blvd Greenville, NC 27858	56-6000403	115	14,984				Multiculture
Kansas Speech-Language-Hearing Assn 148 S Bay Country Ct Wichita, KS 67235	51-0190803	501(c)(6)	6,000				State Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUMC Research Institute 3901 Rainbow Blvd Mailstop 1039 KANSAS CITY, KS 66160	48-1108830	501(c)(3)	15,000				Multiculture
Massachusetts Speech- Language-Hearing Assn 465 Waverley Oaks Rd 421 Waltham, MA 02452	04-2631796	501(c)(6)	9,000				State Association and Student Advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan Speech-Language-Hearing Assn 790 W Lake Lansing Rd Ste 400A East Lansing, MI 48823	23-7179613	501(c)(6)	7,000				State Association and Student Advocacy
Minnesota Speech-Language-Hearing Assn 1000 Westgate Drive 252 St Paul, MN 55114	41-6034134	501(c)(6)	7,000				State Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Carolina Speech-Language-Hearing Assn PO Box 1782 Columbia, SC 29202	57-0693355	501(c)(6)	6,000				State Association
University of Pittsburgh 116 ATWOOD St Ste 201 Pittsburgh, PA 15260	25-0965591	501(c)(3)	11,200				Multiculture

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Utah State University 1590 Old Main Hill Logan, UT 84322	87-6000528	501(c)(3)	14,900				Multiculture
American Speech Language Hearing Fdn 2200 Research Blvd Rockville, MD 20850	52-6055761	501(c)(3)	827,393				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nat'l Association for Hearing & Speech Act 2220 Research Blvd Rockville, MD 208503289	53-0196545	501(c)(3)	200,000				contribution

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Minority Student Leadership Program	39	5,850			
Audiology/Hearing Sci Research Travel Awards	38	19,000			
Research Mentoring-Pair Travel Award	44	23,000			
Students Preparing For Academic-Research Careers	14	14,000			
Student Ethics Essay Award	3	1,750			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Student Research Travel Award	33	16,500			
Convention	160		55,115	FMV	Registration
NSSLHA Membership	3		180	FMV	membership

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number
53-0240474

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7				
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, PART VII, COLUMN (F) - OTHER COMPENSATION AND	<p>SCHEDULE J, COLUMN (C) - RETIREMENT AND OTHER DEFERRED COMPENSATION ASHA SPONSORS A DEFINED BENEFIT RETIREMENT PLAN COVERING MOST EMPLOYEES WHO WERE HIRED BEFORE JANUARY 1, 2003, AND A DEFINED CONTRIBUTION PLAN FOR ALL OTHER ELIGIBLE EMPLOYEES WHO WERE HIRED ON OR AFTER THAT DATE. FOR DEFINED CONTRIBUTION PLAN PARTICIPANTS, THE VALUE REPORTED REPRESENTS THE ACTUAL EMPLOYER CONTRIBUTIONS MADE ON BEHALF OF EACH REPORTED PARTICIPANT IN THE YEAR OF REPORTING. FOR DEFINED BENEFIT PLAN PARTICIPANTS, THE ANNUAL INCREASE IN ACTUARIAL VALUE IS BASED ON THE ACCRUED BENEFIT AND THE ACTUARIAL FACTOR. THE ACCRUED BENEFIT EARNED UNDER THE DEFINED BENEFIT PLAN IS BASED ON A FORMULA INCORPORATING AVERAGE COMPENSATION AND YEARS OF SERVICE FOR EACH PARTICIPANT. THE ACTUARIAL PRESENT VALUE FACTOR IS BASED ON THE ASSUMED DISCOUNT RATE and MORTALITY TABLE, incorporating THE ACTUAL AGE OF EACH PARTICIPANT. ASHAS DEFINED BENEFIT PLAN DOES NOT ALLOW FOR A LUMP SUM PAYMENT OPTION. THUS, THE ACTUARIAL PRESENT VALUES REPORTED REPRESENT THE INCREASE IN THE PRESENT VALUE OF ACCRUED BENEFITS PAYABLE OVER THE LIFETIME OF THE PARTICIPANT AND NOT AN INCREASE IN AN ACTUAL CASH PAYOUT.</p>

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Arlene A Pietranton CEO, See Sch J	(i)	397,556	0	125,100	412,607	31,078	966,341	0
	(ii)	0	0	0	0	0	0	0
1Kyle Vickers Chief Staff for Operations	(i)	286,422	0	1,464	24,493	8,508	320,887	0
	(ii)	0	0	0	0	0	0	0
2Vicki Deal-Williams Chief Staff for Multicultural	(i)	248,975	0	12,362	74,195	35,532	371,064	0
	(ii)	0	0	0	0	0	0	0
3Lemmetta McNeilly Chief Staff for Speech Lang	(i)	221,820	0	32,405	20,938	33,326	308,489	0
	(ii)	0	0	0	0	0	0	0
4Margaret Rogers Chief Staff Science & Research	(i)	253,807	0	16,966	23,370	14,853	308,996	0
	(ii)	0	0	0	0	0	0	0
5Neil Disarno Chief Staff Officer Aud	(i)	234,142	0	19,595	22,023	35,398	311,158	0
	(ii)	0	0	0	0	0	0	0
6Lisa Cole Director of Communication	(i)	200,606	0	2,820	18,438	13,116	234,980	0
	(ii)	0	0	0	0	0	0	0
7Robert Mullen Director Ntl Center for EBP	(i)	162,486	3,073	17,324	133,414	30,342	346,639	0
	(ii)	0	0	0	0	0	0	0
8Yvonne Kankam-Boadu Director of Finance	(i)	162,349	3,154	17,310	15,836	36,750	235,399	0
	(ii)	0	0	0	0	0	0	0
9Ellen Fagan Director, Continuing Education	(i)	148,558	2,860	35,132	272,302	30,841	489,693	0
	(ii)	0	0	0	0	0	0	0
10Loretta Nunez Dir, Aca Affairs & Res Educ	(i)	152,562	2,945	15,731	14,622	34,946	220,806	0
	(ii)	0	0	0	0	0	0	0
11Janet McNichol Director, Human Resources	(i)	166,878	3,169	825	33,823	34,019	238,714	0
	(ii)	0	0	0	0	0	0	0

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.

▶ 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.

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number

53-0240474

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1 ASHA EMPOWERING AND SUPPORTING SPEECH-LANGUAGE PATHOLOGISTS, AUDIOLOGISTS, AND SPEECH, LANGUAGE, AND HEARING SCIENTISTS BY ADVOCATING ON BEHALF OF PERSONS WITH COMMUNICATION AND RELATED DISORDERS, ADVANCING COMMUNICATION SCIENCE, AND PROMOTING EFFECTIVE HUMAN COMMUNICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS	<p>FORM 990, PART VI, LINE 4 Changes to ASHA's ByLaws BOD 14-2017 Resolution Amend Article VII I, Section 8 1 of the ASHA Bylaws Amended to meet certification best practices, comport with industry standards, and show transparency by referencing the semi-autonomous entities agreement BOD 15-2017 Resolution Amends Article VIII, Section 8 3, of the ASHA Bylaws Amended to meet certification best practices, comport with industry standards, and show transparency in professional discipline BOD 37-2017 Resolution Amend Article XIII - Special Interest Groups (SIGs) Amended to reflect actual terminology and practice The original principle that SIGs are to be self-sufficient has been modified to indicate "SIGs shall operate within the approved annual budget and will not maintain separate accounts or hold assets in their own name outside of ASHA "</p> <p>MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 ASHA IS THE NATIONAL PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR 198,000 MEMBERS AND AFFILIATES WHO ARE AUDIOLOGISTS, SPEECH-LANGUAGE PATHOLOGISTS, AND SPEECH, LANGUAGE, AND HEARING SCIENTISTS, AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY SUPPORT PERSONNEL, AND STUDENTS ASHA'S MEMBERSHIP CONSISTS OF THE FOLLOWING CERTIFIED AUDIOLOGISTS, CERTIFIED SPEECH-LANGUAGE PATHOLOGISTS, DUALY CERTIFIED SPEECH LANGUAGE HEARING SCIENTISTS, AND INDIVIDUALS WITH CERTIFICATION IN PROCESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO MAY ELECT	FORM 990, PART VI, LINE 7A ASHA MEMBERS ELECT ITS BOARD OF DIRECTORS BY VOTING AS FOLLOWS 1) ASHA MEMBERS WHO ARE CERTIFIED AUDIOLOGISTS VOTE FOR BOARD OF DIRECTORS (BOD) CANDIDATES FOR AUDIOLOGY-DESIGNATED BOD OFFICERS 2) ASHA MEMBERS WHO ARE CERTIFIED SPEECH-LANGUAGE PATHOLOGISTS VOTE FOR BOD CANDIDATES FOR THE SPEECH-LANGUAGE-PATHOLOGY-DESIGNATED BOD OFFICERS 3)ASHA'S ENTIRE MEMBERSHIP VOTES FOR NON-PROFESSIONAL SPECIFIC BOD OFFICERS IN ORDER TO VOTE FOR A VACANT SEAT ON THE ADVISORY COUNCILS, AN INDIVIDUAL MUST BE A MEMBER OF THE PROFESSION FOR WHICH THEY ARE VOTING AND A MEMBER OF THE STATE OR TERRITORY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B ASHA'S FORM 990 IS PREPARED AND REVIEWED, IN DETAIL, BY ITS OUTSIDE ACCOUNTANTS, GRANT THORNTON. A FINAL DRAFT OF FORM 990 WILL BE REVIEWED, IN DETAIL, BY ASHA'S FINANCE STAFF, DIRECTOR OF FINANCE, CHIEF STAFF OFFICER FOR OPERATIONS, AND CHIEF EXECUTIVE OFFICER BEFORE PRESENTING THE 990 TO THE BOARD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY FOR MEMBERS OF THE BOARD OF DIRECTORS AND ON AN ON-GOING BASIS FOR ALL EMPLOYEES EACH DIRECTOR AND EMPLOYEE IS EXPECTED TO AVOID ANY ACTION OR INVOLVEMENT THAT WOULD COMPROMISE THE ASSOCIATION THIS INCLUDES THE FOLLOWING 1) HAVING A FINANCIAL INTEREST, OR A FAMILY MEMBER WITH A FINANCIAL INTEREST, IN AN OUTSIDE CONCERN FROM WHICH ASHA PURCHASES GOODS OR SERVICES 2) CONDUCTING BUSINESS ON BEHALF OF ASHA WITH A MEMBER OF THE DIRECTOR'S OR EMPLOYEE'S FAMILY OR A BUSINESS ORGANIZATION IN WHICH THE DIRECTOR OR EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY HAS A SIGNIFICANT INTEREST IN THE EVENT A VOLUNTEER LEADER WISHES TO PARTICIPATE IN AN ACTIVITY OR ASSOCIATION THAT WOULD CREATE OR APPEAR TO CREATE A CONFLICT OF INTEREST, THE VOLUNTEER LEADER MUST DISCLOSE THE PROPOSED OUTSIDE ACTIVITY OR ASSOCIATION TO THE CHAIR OF THE BOARD OR COMMITTEE THE CHAIR SHALL DECIDE WHETHER THE OUTSIDE ACTIVITY OR ASSOCIATION CAN BE ACCOMMODATED IN SUCH A WAY THAT THE CONFLICT OF INTEREST IS AVOIDED WITHOUT RESULTING IN SIGNIFICANT HARDSHIP TO ASHA THIS MAY INCLUDE REQUIRING THE VOLUNTEER LEADER TO RECUSE HIMSELF OR HERSELF FROM MAKING BUSINESS OR POLICY DECISIONS ON BEHALF OF ASHA THAT ARE RELATED TO OR IN CONFLICT WITH THE OUTSIDE ACTIVITY OR ASSOCIATION AND FROM RECOMMENDING OR PROVIDING INPUT FOR SUCH DECISIONS IF THE CHAIR DECIDES THAT ASHA IS ABLE TO MAKE AN ACCOMMODATION THAT WOULD ELIMINATE A CONFLICT OF INTEREST WITHOUT IMPOSING SIGNIFICANT HARDSHIP ON THE ORGANIZATION, AND IF THE VOLUNTEER LEADER IS AGREEABLE TO IT, THE VOLUNTEER LEADER MAY ENGAGE IN THE OUTSIDE ACTIVITY OR ASSOCIATION IN THE EVENT THAT THE ASHA PRESIDENT BELIEVES HE OR SHE HAS A POTENTIAL CONFLICT, HE OR SHE SHOULD DISCLOSE THE OUTSIDE ACTIVITY OR ASSOCIATION TO THE IMMEDIATE PAST PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15A ANNUALLY ASHA CONTRACTS WITH QUATT ASSOCIATES, OUTSIDE CONSULTANTS, TO PROVIDE AN INDEPENDENT AND MARKET DRIVEN COMPENSATION PACKAGE FOR THE CEO AND ALL STAFF POSITIONS THE FOLLOWING ELEMENTS ARE INCLUDED IN THE PROCESS FOR DETERMINING COMPENSATION FOR THESE POSITIONS 1) QUATT ASSOCIATES REVIEWS ALL OF THE POSITIONS, INCLUDING THE CEO'S POSITION THE BOD APPROVES AND WORKS DIRECTLY WITH THE CONSULTANT REGARDING THE CEO'S POSITION 2) QUATT ASSOCIATES PROVIDES MARKET DATA FOR THE DETERMINATION OF COMPENSATION FOR THE CEO AND ALL OTHER POSITIONS 3) THE PRESIDENT DOCUMENTS THE DISCUSSION REGARDING COMPENSATION FOR THE CEO'S POSITION AND FORWARDS INSTRUCTIONS TO THE CHIEF STAFF OFFICER of operations 4) ALL OTHER STAFF POSITION SALARY RANGES ARE ESTABLISHED (BASED ON QUATT'S REVIEW), SUBJECT TO THE APPROVAL OF THE CEO THE ORGANIZATION DOES NOT HAVE A REVIEW PROCESS FOR COMPENSATION FOR THE BOARD OF DIRECTORS SINCE THE BOARD MEMBERS DO NOT GET COMPENSATION FROM THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19 ASHA POSTS ITS BYLAWS AND AUDITED FINANCIAL STATEMENTS ON THE ORGANIZATION'S WEBSITE THE ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 PENSION RELATED LOSS (\$ 2,159,252) LOSS ON POSTRETIREMENT INSURANCE PAYABLE (\$ 1,139,948) GAIN ON INTEREST RATE SWAP \$ 334,988 ----- TOTAL (\$ 2,964,212)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Employer identification number

53-0240474

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Falls Grove Holding LLC 2200 Research Boulevard Rockville, MD 20850 53-0240474	Prop Owner	MD	713,507	0	ASHA
(2) ASHA Mortgage Inc 2200 Research Boulevard Rockville, MD 20850 53-0240474	Real Estate	MD	0	0	ASHA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) American Speech Language Hearing Fndn 2200 Research Blvd Rockville, MD 20850 52-6055761	Educational	MD	501(c)(3)	7	ASHA	Yes	
(2) Nat Assoc for Hearing and Speech Act 2200 Research Blvd Rockville, MD 20850 53-0196545	Educational	MD	501(c)(3)	12 - TYPE I	ASHA	Yes	
(3) ASHA Political Action Committee 2200 Research Blvd Rockville, MD 20850 52-1515473	Political	DC	527		ASHA	Yes	
(4) Nat'l Student Speech Lang Hearing assoc 2200 Research Blvd Rockville, MD 20850 52-0976011	Educational	MD	501(c)(3)	10	ASHA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
American Speech Language Hearing Foundation	B	827,393	FMV
American Speech Language Hearing Foundation	L	190,058	FMV
National Student Speech Language Hearing	N	231,336	FMV
American Speech Language Hearing Foundation	N	90,821	FMV
American Speech Language Hearing Foundation	O	216,566	FMV
National Student Speech Language Hearing	O	174,517	FMV
American Speech Language Hearing Foundation	Q	339,648	FMV
National Student Speech Language Hearing	P	239,241	FMV
National Student Speech Language Hearing	S	822,543	FMV