

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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 \$ 112,856,127

F Name and address of principal officer:
ARLENE A 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:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	327
6 Total number of volunteers (estimate if necessary)	6	1,394
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,575,196
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	465,906	542,639
9 Program service revenue (Part VIII, line 2g)	60,876,347	62,278,937
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,615,529	2,598,934
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,410,746	1,230,223
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,368,528	66,650,733
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,167,118	1,201,756
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)	39,519,563	40,365,029
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)	21,643,516	21,765,739
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	63,330,197	63,332,524
19 Revenue less expenses. Subtract line 18 from line 12	2,038,331	3,318,209
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	136,915,891	153,239,359
21 Total liabilities (Part X, line 26)	80,288,928	86,209,996
22 Net assets or fund balances. Subtract line 21 from line 20	56,626,963	67,029,363

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: 2020-11-11
ARLENE A PIETRANTON PHD CAE CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P01871563
Firm's name: ▶ BDO USA LLP Firm's EIN:
Firm's address: ▶ 8401 GREENSBORO DRIVE 800
MCLEAN, VA 22102 Phone no. (703) 893-0600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR CLINICAL AND RESEARCH-BASED AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS. 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.

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)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I 	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
11c	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? If "Yes," complete Schedule D, Part VIII 		No
11d	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? If "Yes," complete Schedule D, Part IX 		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16b, including sub-sections for Organizations that may receive deductible contributions, Sponsoring organizations, and Section 501(c)(7) and (12) organizations.

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



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

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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.

See instructions for the order in which to list the persons above.

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)	3,215,735	0	811,683

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 **▶ 99**

	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
PROJECTION VIDEO SERVICES, PO BOX 890472 CHARLOTTE, NC 28289	VIDEO SERVICES	1,192,981
HOME FRONT COMMUNICATIONS, 1201 NEW YORK AVE NW WASHINGTON, DC 20005	COMMUNICATIONS	1,148,560
MOST INVESTMENTS, 2500 WILSON BLVD SUITE 200 ARLINGTON, VA 22201	SOFTWARE DEVT.	946,171
TEAMWORK LABOR SERVICES, 23 NORFOLK AVENUE SOUTH EASTON, MA 02375	TEMP AGENCY	408,287
WILLWORK GLOBAL EVENT SERVICES, 23 NORFOLK AVENUE SUITE A SOUTH EASTON, MA 02375	CATERING	312,732

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 **▶ 17**

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	70,771		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	471,868		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		542,639		

Program Service Revenue			Business Code				
	2a DUES		900099	44,098,349	44,098,349	0	0
b CONVENTION REVENUE		900099	5,018,050	5,018,050	0	0	
c CONTINUING EDUCATION		900099	4,473,971	4,473,971	0	0	
d ADVERTISING		541800	1,550,572	0	1,550,572	0	
e SUBSCRIPTIONS AND PUBLICATIONS		900099	1,285,266	1,285,266	0	0	
f All other program service revenue.			5,852,729	5,852,729		0	
g Total. Add lines 2a-2f.			62,278,937				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,582,113			1,582,113	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			810,343			810,343	
	6a Gross rents	6a	(i) Real	657,977				
			(ii) Personal					
		b Less: rental expenses	6b	621,254				
		c Rental income or (loss)	6c	36,723	0			
	d Net rental income or (loss)			36,723		1,297	35,426	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	46,589,611	11,100			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	45,584,140				
		c Gain or (loss)	7c	1,005,471	11,100			
	d Net gain or (loss)			1,016,821			1,016,821	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0			
			8b Less: direct expenses	8b		0		
	c Net income or (loss) from fundraising events				0			
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
			9b Less: direct expenses	9b		0		
	c Net income or (loss) from gaming activities				0			
	10a Gross sales of inventory, less returns and allowances	10a			0			
10b Less: cost of goods sold			10b		0			
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue		Business Code						
11a REVENUE FROM FINANCIAL SERVICES		900099	23,327	0	23,327	0		
b SPONSORSHIPS		900099	4,150	0	0	4,150		
c OTHER REVENUE		900099	355,680	53,361	0	302,319		
d All other revenue								
e Total. Add lines 11a-11d			383,157					
12 Total revenue. See instructions			66,650,733	60,781,726	1,575,196	3,751,172		

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	1,075,766			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	125,990			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,682,137			
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	27,943,590			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,298,933			
9 Other employee benefits	4,357,188			
10 Payroll taxes	2,083,181			
11 Fees for services (non-employees):				
a Management	0			
b Legal	151,187			
c Accounting	222,932			
d Lobbying	156,000			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	272,657			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,422,989			
12 Advertising and promotion	0			
13 Office expenses	3,189,103			
14 Information technology	2,229,495			
15 Royalties	0			
16 Occupancy	715,178			
17 Travel	870,977			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,734,414			
20 Interest	262,604			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,968,280			
23 Insurance	217,751			
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	1,970,735			
b CAA SITE VISIT	272,915			
c EMPLOYMENT COSTS	81,045			
d SERVICES PROVIDED TO NSSLHA	27,477			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	63,332,524			
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	48,030,678	1	54,909,361
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	34,750	3	28,500
	4 Accounts receivable, net	1,077,608	4	987,252
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	32,668	8	36,062
	9 Prepaid expenses and deferred charges	751,126	9	591,770
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,578,870		
	b Less: accumulated depreciation	10b 27,665,908	37,798,890	10c 37,912,962
	11 Investments—publicly traded securities	48,668,586	11	58,049,782
	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	521,585	15	723,670
16 Total assets. Add lines 1 through 15 (must equal line 34)	136,915,891	16	153,239,359	
Liabilities	17 Accounts payable and accrued expenses	7,764,994	17	8,745,094
	18 Grants payable	0	18	0
	19 Deferred revenue	35,739,803	19	43,136,653
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,546,210	23	946,210
	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	35,237,921	25	33,382,039
	26 Total liabilities. Add lines 17 through 25	80,288,928	26	86,209,996
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,626,963	27	67,029,363
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	56,626,963	32	67,029,363	
33 Total liabilities and net assets/fund balances	136,915,891	33	153,239,359	

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	66,650,733
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,332,524
3	Revenue less expenses. Subtract line 2 from line 1	3	3,318,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,626,963
5	Net unrealized gains (losses) on investments	5	7,254,427
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,792,462
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,622,226
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,029,363

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0240474

Name: American Speech-Language-Hearing Association

Form 990 (2019)

Form 990, Part III, Line 4a:

AS THE PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR 211,000 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			
ARLENE A PIETRANTON CEO, SEE SCH J	60.0 2.5			X				565,403	0	147,954
VICKI DEAL-WILLIAMS CHIEF STAFF FOR MULTICULTURAL	60.0 0.0				X			289,173	0	83,695
KYLE VICKERS CHIEF STAFF FOR OPERATIONS	53.0 2.0				X			328,019	0	33,784
LEMMIETTA MCNEILLY CHIEF STAFF FOR SPEECH LANG	60.0 0.0				X			279,286	0	62,190
NEIL DISARNO CHIEF STAFF OFFICER AUD.	55.0 0.0				X			279,192	0	60,773
MARGARET ROGERS CHIEF STAFF SCIENCE & RESEARCH	55.0 0.0				X			277,291	0	42,114
ROBERT MULLEN DIRECTOR NTL CENTER FOR EBP	50.0 0.0					X		185,094	0	123,152
LISA COLE CHIEF STAFF FOR COMMUNICATIONS	50.0 0.35				X			240,347	0	33,727
JEFF REGAN DIR, GOV. AFFIARS & PUB. POL.	53.0 2.0					X		208,920	0	56,057
YVONNE KANKAM-BOADU DIRECTOR OF FINANCE	50.0 5.0					X		197,446	0	53,265

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			
JANET MCNICHOL DIRECTOR HUMAN RESOURCES	45.0 0.0					X		184,332	0	58,894
TIMOTHY NANOF DIR. HEALTH CARE & ED. POLICY	50.0 0.0					X		181,232	0	56,078
SHARI ROBERTSON PRESIDENT	10.0 0.1	X						0	0	0
THERESA RODGERS PRESIDENT-ELECT	10.0 0.0	X						0	0	0
ELISE DAVIS-MCFARLAND PAST PRESIDENT	10.0 0.0	X						0	0	0
CHARLES BISHOP CHAIR AUDIOLOGY ADV. COUNCIL	10.0 0.0	X						0	0	0
KATHERYN BOADA VP GOV RELATIONS & PUB POLICY	10.0 0.0	X						0	0	0
ARLENE CARNEY VP STANDARDS AND ETHICS IN AUD	10.0 0.0	X						0	0	0
MEL COHEN VP FOR FINANCE	10.0 0.0	X						0	0	0
ELIZABETH CRAIS VP ACADEMIC AFFAIRS IN SLP	10.0 0.1	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			
PERRY FLYNN VP FOR PLANNING	10.0 0.0	X						0	0	0
BARBARA GOODSON CHAIR SLP ADVISORY COUNCIL	10.0 0.0	X						0	0	0
MARIE IRELAND VP FOR SLP PRACTICE	10.0 0.0	X						0	0	0
BARBARA JACOBSON VP FOR STANDARDS & ETHICS SLP	10.0 0.0	X						0	0	0
JANET KOEHNKE VP ACAD. AFFAIRS IN AUDIOLOGY	10.0 0.1	X						0	0	0
ELENA PLANTE VP FOR SCIENCE AND RESEARCH	10.0 0.0	X						0	0	0
SONJA PRUITT-LORD NSSLHA NATIONAL ADVISOR	1.0 3.0	X						0	0	0
SHARON SANDRIDGE VP FOR AUDIOLOGY PRACTICE	10.0 0.0	X						0	0	0

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

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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) ▶ \$ _____

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) ASHA PAC	2200 Research Blvd ROCKVILLE, MD 20850	52-1515473	0	192,000
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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 1i 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?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	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	42,934,718
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	853,821
b Carryover from last year	2b	0
c Total	2c	853,821
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	1,763,934
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	-910,113

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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? Yes 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? Yes 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 7/25/06, 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 | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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		7,834,684		7,834,684
b Buildings		37,557,656	11,294,305	26,263,351
c Leasehold improvements		1,819,340	1,713,560	105,780
d Equipment		16,682,748	14,658,043	2,024,705
e Other		1,684,442	0	1,684,442
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				37,912,962

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
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	33,382,039

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)	SCHEDULE D, PART X, LINE 2 ASHA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED FROM THE CODE. ADDITIONALLY, ASHA HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. FOR THE YEAR ENDED DECEMBER 31, 2019, ASHA REPORTED UNRELATED BUSINESS INCOME TAX, FOR FEDERAL AND STATE PURPOSES, WHICH IS IMMATERIAL FOR FINANCIAL STATEMENT PURPOSES AND IS OFFSET BY NET OPERATIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. UNDER ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ASSOCIATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS. ADDITIONALLY, THE ASSOCIATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ASSOCIATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEAR BEFORE 2016. HOWEVER, THE ASSOCIATION IS STILL OPEN TO EXAMINATIONS BY TAX AUTHORITIES FROM FISCAL YEAR 2016 FORWARD. FOR THE YEAR ENDED DECEMBER 31, 2019, THERE WERE NO INTEREST OR PENALTIES RECORDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

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 4

3 Enter total number of other organizations listed in the line 1 table 12

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, PAR I, LINE 2 FOR GRANTEEES SUPPORTED THROUGH ASHA GRANTS, THE PROCUDURES 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 THOUGHOUT THE LIFE OF THE GRANT, ARE REVIEWED AND UNCLEAR ITEMS ARE QUESTIONED AND CLARIFIED BEFORE FINAL APPROVAL OR REJECTION. GRANTEEES TYPICALLY SUBMIT 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 SLHA 825 University Ave Sacramento, CA 95825	94-6125447	501(c)(6)	7,000				
Colorado SLHA 700 McKnight Park Drive Suite 708 Pittsburgh, PA 15237	84-0745204	501(c)(6)	7,000				

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
INDIANA SLHA 2346 S Lynhurst Drive Suite D101 Indianapolis, IN 46241	23-7044510	501(c)(6)	7,900				
MASSACHUSETTS SLHA 465 Waverley Oaks Road Suite 421 WALTHAM, MA 02452	04-2631796	501(c)(6)	7,900				

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
MINNESOTA SLHA 700 McKnight Park Drive Suite 708 Pittsburgh, PA 15237	41-6034134	501(c)(6)	11,280				
MONTANA SLHA 4206 Cedarwood Lane BILLINGS, MT 59106	81-0391969	501(c)(6)	7,000				

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
NEW HAMPSHIRE SLHA 11 Champagne Drive NASHUA, NH 03062	02-0434085	501(c)(6)	7,000				
NEW JERSEY SLHA 174 Nassau Street Suite 337 PRINCETON, NJ 03062	22-6064537	501(c)(6)	5,900				

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
NEW MEXICO SLHA PO Box 25411 Albuquerque, NM 87125	85-0250698	501(c)(6)	5,100				
SAN DIEGO STATE UNIVERSITY 5250 Campanile Drive San Diego, CA 92182	95-6042722	501(c)(6)	15,000				

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
TEXAS STATE UNIVERSITY 601 UNIVERSITY DRIVE JCK 420 SAN MARCOS, TX 78666	74-6002248	501(c)(6)	6,005				
TOWER FOUNDATION OF SJSU One Washington Square San Jose, CA 95192	83-0403915	501(c)(3)	14,000				

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
UNIVERSITY OF TEXAS AT DALLAS 800 W Campell Rd ad13 Richardson, TX 75080	75-1305566	501(c)(6)	8,995				
ASAE 1575 I STREET NW WASHINGTON, DC 200051103	52-1300485	501(C)(6)	6,000				

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
AMERICAN BOARD OF AUGMENTATIVE 1100 WASHINGTON AVE SUITE 317 CARNEGIE, PA 15106	84-3390295		30,000				
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION 2200 RESEARCH BLVD ROCKVILLE, MD 20850	52-6055761	501(c)(3)	849,173				

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

MINORITY STUDENT LEADERSHIP PROGRAM	40	7,000		
MINORITY STUDENT LEADERSHIP PROGRAM	40	7,000		
AUDIOLOGY/HEARING SCI RESEARCH TRAVEL AWARDS	24	12,000		
RESEARCH MENTORING PAIR TRAVEL AWARD	33	18,000		
STUDENTS ETHICS ESSAY AWARD	3	1,500		
STUDENTS PREPARING FOR ACADEMIC RESEARCH CAREERS	12	12,000		

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

STUDENT RESEARCH TRAVEL AWARD	24	12,000			
STUDENT RESEARCH TRAVEL AWARD	24	12,000			
CONVENTION	210		63,430	FMV	REGISTRATION
NSSLHA MEMBERSHIP	1		60	FMV	MEMBERSHIP

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2019

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

Part I Questions Regarding Compensation

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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 on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input 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		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7	
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.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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. FOR ALL OTHER ELIGIBLE EMPLOYEES WHO WERE HIRED ON OR AFTER THAT DATE, THEY PARTICIPATE IN A DEFINED CONTRIBUTION PLAN AND CASH-BALANCE FEATURE WITHIN THE DEFINED BENEFIT PLAN. FOR THOSE HIRED ON OR AFTER JANUARY 1, 2003. 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. ASHA'S 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>

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.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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: THE PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR CLINICAL AND RESEARCH-BASED AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS. 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
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6 ASHA IS THE NATIONAL PROFESSIONAL, SCIENTIFIC, AND CREDENTIALING ASSOCIATION FOR 211,000 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.

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, BDO. 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 9990, PART XI, LINE 9 PENSION RELATED LOSS -\$1,124,459 GAIN ON POSTRETIREMENT MEDICAL INSURANCE PAYABLE \$3,139,750 LOSS ON INTERST RATE SWAP -\$283,064 ----- \$1,622,22 7

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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

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) FALLSGROVE HOLDING LLC 2200 RESEARCH BOULEVARD ROCKVILLE, MD 20850 53-0240474	PROP. OWNER	MD	657,978	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 BOULEVARD ROCKVILLE, MD 20850 52-6055761	EDUCATIONAL	MD	501(C)(3)	7	ASHA	Yes	
(2) NAT ASSOC FOR HEARING AND SPEECH ACT 2200 RESEARCH BOULEVARD ROCKVILLE, MD 20850 53-0196545	EDUCATIONAL	MD	501(C)(3)	12 - TYPE I	ASHA	Yes	
(3) ASHA POLITICAL ACTION COMMITTEE 2200 RESEARCH BOULEVARD ROCKVILLE, MD 20850 52-1515473	POLITICAL	DC	527		ASHA	Yes	
(4) NAT'L STUDENT SPEECH LANG HEARING ASSOC 2200 RESEARCH BOULEVARD 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).

Return Reference	Explanation

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
NATIONAL STUDENT SPEECH LANGUAGE HEARING	N	200,087	FMV
NATIONAL STUDENT SPEECH LANGUAGE HEARING	O	139,044	FMV
NATIONAL STUDENT SPEECH LANGUAGE HEARING	P	336,884	FMV
NATIONAL STUDENT SPEECH LANGUAGE HEARING	S	851,504	FMV
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION	C	849,173	FMV
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION	M	203,118	FMV
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION	N	104,846	FMV
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION	O	180,958	FMV
AMERICAN SPEECH LANGUAGE HEARING FOUNDATION	P	548,441	FMV