Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-49-45

)U

Department of the Treasury

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
2023

Open to Public

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change ACOUSTICAL SOCIETY OF AMERICA Name change 13-6161132 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1305 WALT WHITMAN RD. 110 (516) 576-2360 13,170,759. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 11747 MELVILLE, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: \overline{DR} . \overline{JUDY} \overline{R} . for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 527 4947(a)(1) or If "No," attach a list. See instructions WWW.ACOUSTICALSOCIETY.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1930 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO GENERATE, DISSEMINATE, **Activities & Governance** PROMOTE THE KNOWLEDGE AND PRACTICAL APPLICATIONS OF ACOUSTICS. 2 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1100 Total number of volunteers (estimate if necessary) 6 114,492. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 208,345. 133,211. Contributions and grants (Part VIII, line 1h) 8 4,311,569. 5,112,129. Program service revenue (Part VIII, line 2g) 343,764. 2,288,972. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 396,662. 446,088. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,260,340. $\overline{7,980,400}$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 462,123. 243,126. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,486,058. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,262,934. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,817,119. 3,606,186. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,542,176. 6,335,370. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -281,836. 1,645,030. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 22,862,190. 24,259,331. Total assets (Part X, line 16) 2,565,778. 930,251. 21 Total liabilities (Part X, line 26) 三年 20,296,412. 329,080 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DR. JUDY R. DUBNO, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/18/24 P00543254 EVA MRUK self-employed Paid EVA MRUK Firm's name PKF O'CONNOR DAVIES ADVISORY, Firm's EIN 87-3231666 Preparer Firm's address 245 PARK AVENUE, 12TH FLOOR Use Only Phone no. 212-286-2600 NEW YORK, NY 10167 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

| ı a | Check if Schedule O contains a response or note to any line in this Part III |
|-----------|--|
| 1 | Briefly describe the organization's mission: |
| • | TO GENERATE, DISSEMINATE, AND PROMOTE THE KNOWLEDGE AND PRACTICAL |
| | APPLICATIONS OF ACOUSTICS. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$2,094,817. including grants of \$0. (Revenue \$1,731,248.) |
| | MEETINGS: |
| | THE ASA HOLDS 2 MEETINGS EACH YEAR ATTRACTING BETWEEN 1,000 AND 2000 |
| | ATTENDEES AT EACH. MEETINGS INCLUDE 800 TO 1,300 INDIVIDUAL TECHNICAL |
| | PRESENTATIONS, TECHNICAL COMMITTEE MEETINGS, STANDARDS COMMITTEE |
| | MEETINGS, AND NETWORKING EVENTS. |
| | |
| | STUDENT AWARD COMPETITIONS ARE CONDUCTED AT THESE MEETINGS INCLUDING |
| | AWARDS FOR BEST PAPER AND POSTER PRESENTATIONS. TRAVEL SUPPORT IS |
| | PROVIDED FOR STUDENT TRANSPORTATION TO ATTEND MEETINGS. ASA ALSO |
| | PROVIDES ACTIVITIES AND SUPPORT TO ENCOURAGE ATTENDANCE BY EARLY-CAREER |
| | ACOUSTICIANS AND WOMEN ACOUSTICIANS SUCH AS EARLY-CAREER RETREATS, |
| | FELLOWSHIP AND GRANT PANELS, WOMEN YOUNG INVESTIGATOR GRANTS AND |
| 4b | (Code:) (Expenses \$1,175,202. including grants of \$) (Revenue \$2,477,463.) |
| | PUBLISHING: |
| | THE ASA PUBLISHES (A) THE JOURNAL OF THE ACOUSTICAL SOCIETY OF AMERICA |
| | IN PRINT AND ONLINE FORMATS: CIRCULATION 5,800 MEMBERS AND |
| | APPROXIMATELY 800 INSTITUTIONS WORLDWIDE; (B) JASA EXPRESS LETTERS AN OPEN ACCESS PUBLICATION THAT CAN BE ACCESSED BY ANYONE WITH A |
| | CONNECTION TO THE INTERNET; (C) PROCEEDINGS OF MEETINGS ON ACOUSTICS, |
| | AN OPEN ACCESS PUBLICATION AND CAN BE ACCESSED BY ANYONE WITH A |
| | CONNECTION TO THE INTERNET; (D) ACOUSTICS TODAY MAGAZINE IN PRINT AND |
| | ONLINE IN OPEN ACCESS FORMAT. CIRCULATION 5,800 MEMBERS AND |
| | APPROXIMATELY 800 INSTITUTIONS WORLDWIDE; (E) STANDARDS ON ACOUSTICS |
| | AVAILABLE FOR ONLINE PURCHASE AND DOWNLOAD. (F) ONLINE ARCHIVAL |
| | PUBLICATIONS INCLUDING ECHOES, ACOUSTICS RESEARCH LETTERS ONLINE, NOISE |
| 4c | (Code:) (Expenses \$ 510,297 • |
| | OUTREACH ACTIVITIES: |
| | THE ACOUSTICAL SOCIETY OF AMERICA'S (ASA) OUTREACH ENCOMPASSES |
| | ACTIVITIES AIMED AT K-12 STUDENTS AND TEACHERS, THE GENERAL PUBLIC, THE |
| | PRESS, ACOUSTICIANS IN DIFFERENT STAGES OF THEIR CAREERS, OTHER |
| | ACOUSTICAL SOCIETIES, AND ORGANIZATIONS IN SCIENTIFIC DISCIPLINES OTHER |
| | THAN ACOUSTICS. OUTREACH EVENTS ARE HELD AT MEETINGS OF ASA MEETINGS |
| | OF OTHER SCIENTIFIC ORGANIZATIONS. ASA ALSO COSPONSORS SYMPOSIUMS, |
| | WORKSHOPS, AND CONFERENCES ORGANIZED BY OF OTHER ORGANIZATIONS BOTH IN |
| | THE US AND ABROAD. OTHER OUTREACH INFORMATION IS PROVIDED VIA ASA |
| | WEBSITES INCLUDING ACOUSTICS.ORG, EXPLORESOUND.ORG, ACOUSTICSTODAY.ORG, |
| | AND ACOUSTICALSOCIETY.ORG. |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 1,394,695. including grants of \$ 243,126.) (Revenue \$ 1,166,894.) |
| <u>4e</u> | Total program service expenses 5,175,011. |

332002 12-21-23

Form 990 (2023) ACOUSTICAL SOCIETY OF AMERICA Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|--|-----|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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? If "Yes," complete Schedule D, Part IX | 11d | Х | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | Х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | 11f | Λ | _ |
| ıza | | 12a | Х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | - 21 | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Pid the appropriate and office and because the state of the United Obstace | 14a | | X |
| b | | 174 | | |
| ~ | 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 | 14b | Х | |
| 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 | 15 | | Х |
| 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 | 16 | X | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | X | |

| Part IV | Checklist | of Required S | chedules | (continued) |
|---------|-----------|---------------|----------|-------------|
| | | | | |

| Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Part I and III 2 Did the organization answer "Yes" to Part IXI. Section A. Inis 3, 4, or 6, about compensation of the organization current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III and III 2 Did the organization have a tax-escent) tond issue with an outstanding principal amount of more than \$100,000 as of the last day of the eye rith at was issued after Docember 31, 2002? If "Yes," answer lines 28 th through 24d and complete Schedule IX. If "No." for to line 28e. 24a IX | 1 311 | Continued) | | V | NI. |
|--|--------|--|------------|-----|----------|
| Part IX, column (A), line 2° (#* "ves," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "ves," complete Schedule J. Bit 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 Intil was issued after December 31, 2002? If "ves," arrawer insex 26th brough 24d and complete Schedule K. If "No," go to line 25e. 2da Did the organization have a tax exempt bonds beyond a temporary period exception? 2db Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 2dc Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 2dd Usit the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of issuer for bonds outstanding at any time during the year? 2dd Did the organization are are "or behalf of issuer for bonds outstanding and any time during the year of year of year of year or yea | 22 | Did the expenization report more than \$5,000 of grants or other equiptenes to or far demostic individuals on | | Yes | No |
| 23 Dd the organization answer "Yes" to Part VII, Section A, Ind 3. 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 De the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$4th principal And complete Schedule K. If "No." yo to line 25a. 25b. Dd the organization maritan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Dd the organization maritan an escrow account other than a refunding escrow at any time during the year? 24d 24d 25a. 26c Section 90(16), \$05(16)4, and \$010(290) registrations. Did the organization enging in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25a. 26c Section 90(16), \$05(16)4, and \$010(290) registrations. Did the organization enging in an excess benefit transaction has not been reported on any of the organization spice forms \$900 or 900 E27 If "Yes," complete Schedule L, Part I 25b. Did the organization expert any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25b. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25b. A carried or spice of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete | 22 | | 22 | x | |
| and former officers, directions, trustees, key employees, and highest compensated employees? **If **Yes,** complete Schedule** L. Part IV. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If *Yes,** answer lines 24b through 24d and complete Schedule** L. Part IV. 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.** Programment of Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.** Programment of Did the organization accounts of the third organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have the temporated or any of the organization with a disqualified person in a prior year, and that the transaction have the proposed or year of the organization with a disqualified person in a prior year, and that the transaction has not been reported or any of the organization prior forms 990 of 906.27 if *Yes,* complete Schedule* L. Part I year.** Complete Schedule* L. Part II. 25b Did the organization reported any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, and the trustee of any individual described in line 28ar? If *Yes,* complete Schedule* L. Part IV. 26b Was the organization required in crimity member of any of those persons? If *Yes,* complete Schedule* L. Part IV. 27c A 35b; controlled entity of one or more individuals and/or organizations d | 23 | | | | |
| Schedule J. Wat was issued after December 31, 2002? # "Yes," answer lines 24b through 24d and complete Schedule K. # "No." go to line 25a. b Did the organization invest any proceeds of tax-exempt bends beyond a temporary period exception? 24b 24a X 24b 24 | | | | | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liated day of the year, that was issued after December 31, 2002? /f. "Yes," answer lines 240 through 24d and complete Schedule K. /f. "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any ansective account other than a returnal great and a temporary period exception? 24c Did the organization account an account account other than a returnal great at any time during the year? 24d Did the organization account an account account other than a returnal great and a temporary period exception? 24d Did the organization available person during the year? 25a Section 501(x)3, 501(x)43, and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction share and the reported of any of the organization prior Forms 990 or 990-E27 /fl "Yes," complete Schedule L. Part II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from 990 or 990-E27 /fl "Yes," complete Schedule L. Part II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from 990 or 990-E27 /fl "Yes," complete Schedule L. Part II Did the organization report any amount on Part X, line 6 or 22, for receivables from 990 or 990-E27 /fl "Yes," complete Schedule L. Part II Did the organization report any amount on Part X, line 6 or 22, for receivables schedule L. Part II Did the organization organization report any amount on Part X, line 6 or 23, for receivables schedule L. Part II Did the organization organization report any organization schedule and the part of the schedule and the part of the schedule and the part of the part of the part of the | | , , | 23 | Х | |
| stated yof the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 28a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding escrive at any time during the year? 24d d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(15), 501(04), 401 (04), 501 (04), 401 (04) organizations. Did the organization sanges in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that lengaged 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 organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X bid the organization neport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former efficer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 22b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or a 39% controlled entity (including an employee thereod) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c, and a sceptions; a A current or former officer, director, rustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 25c A 39% controlled entity of one or more individuals and for organization edescribed in line 28a or 28b If "Yes," complete Schedule II, Part IV 28c X 25c A 39% controlled entity of one or more individuals and for organization described in line 28a or 28b If "Ye | 24a | | e | | |
| Schedule K. If 'Ms' to 10 faller 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-except bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-except bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24a 25a Saction 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? b Is the organization avera that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the been reported on any of the organization is prior forms 90 or 900-E27 /f "Yee," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creatror or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yee," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or farmly member of any of these persons? If "Yee," complete Schedule L, Part III 28b Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III) 27c Variety of family members of any of these persons? If "Yee," complete Schedule L, Part III 28a X X and the organization receive more than \$25,000 in noncesh contributions? If "Yee," complete Schedule L, Part III 28b A X C A 35% controlled entity of nor or more individual disanctions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If | | | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c | | | 24a | | X |
| any tax-exempt bonds? d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (1c/3), 501c/kl), and 501c/k29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ("Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? ("Yes," complete Schedule L, Part I 25b Is the organization have not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25c Schedule L, Part I 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity funduiding an employee thereof, or the assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof, or family member of any of these persons? If "Yes," complete Schedule L, Part III 27d X 28d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 28d A affine funding the schedule in the following parties? (See the Schedule L, Part III 28d A affine funding the schedule in the following parties? (See the Schedule L, Part III 28d A affine funding the schedule in the following parties? (See the Schedule L, Part III 28d A affine funding the schedule in the following parties? (See the Schedule L, Part III 28d A affine funding the schedule III (Part III) 28d A affine funding the schedule III (Part III) 28d A affine funding the schedule III (Part III) 28d A affine funding the schedule III (Part III) 28d A affine funding the schedule III (Part IIII) 28d A affine funding the schedule III (Part IIII) 28d A affine funding the schedule III (Part IIII) 28 | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(5)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990 E27; If "Yes," complete Schedule L, Part I 25b X 25c Did 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 E27; If "Yes," complete Schedule L, Part I 25b X 25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 25 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 28 X X X X X X X X X | С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| 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? #1"ex," complete Schedule L, Part 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-E27 // 17/es, "complete Schedule I., Part I | | | 24d | | |
| 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or provide or graph or the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or fordicer, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor? # 27 | 25a | | | | 7.7 |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule I, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainily member of any of these persons? # "Yes," complete Schedule I, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, or family member of any of these persons? # # Yes, "complete Schedule I, Part II 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule I, Part II V 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part II V 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part II V 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part II V 28 Was the organization one officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule II, Part IV 28 Was the organization entity of one or more individual described in line 28a? # "Yes," complete Schedule II, Part IV 28 Was the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 29 Was 10 the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule N, Part I 30 Did the organization one officer, officer off | | · · · | <u>25a</u> | | <u>X</u> |
| Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28B X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28B X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 32 Did the organization or not 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iline 1 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5 | b | | | | |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule I, Part II | | | 05. | | v |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 | 00 | , , , , , , , , , , , , , , , , , , , | 256 | | |
| controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II | 26 | | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity flunduring an employee thereof or farmly member of any of these persons? if "Fves," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | | 26 | | x |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? "Ir "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "If "Yes," or omplete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? "If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a 0728b? "If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? "If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? "If "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? "If "Yes," complete Schedule N, Part I 31 X 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? "If "Yes," complete Schedule N, Part I 31 X 31 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? "If "Yes," complete Schedule N, Part II 32 X 32 Did the organization network of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 mf "Yes," complete Schedule R, Part I 34 X 34 Was the organization related to any tax-exempt or taxable entity? "If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? "If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization news any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organi | 27 | | | | |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization for section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V line 2 36 S | | | alled | | |
| Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 2887 If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IA. 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Bold the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizatio | | • | I | | Х |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## "Yes," complete Schedule L. Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L. Part IV. 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," compl | 28 | | | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Just the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 38 Did t | | | | | |
| *Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O or panize in this Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Test be norganization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 f | а | | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? A V X X X X X X X X X X X X X X X X X X | | | 28a | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Us the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 38 If "Yes," complete Schedule R, Part V, Iine 2 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 30 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 30 Note: All Form 990 filers are required to complete Schedule O. 31 Part VI Statements Regarding Ot | b | | | | X |
| Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 | | | | | |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Sas Did the organization have a controlled entity within the meaning of section 512(b)(13)? Bettin 10 (13) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 Schedule R, Part V, Iine 2 To the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Teart 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 Teart V in the number of Forms W-2G included on line 1a. Enter-0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | "Yes," complete Schedule L, Part IV | 28c | | |
| contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 | 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | <u>X</u> |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | | | |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | | contributions? If "Yes," complete Schedule M | 30 | | |
| Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 X 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Ves No | | | 31 | | <u>X</u> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 5ab Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | 32 | • | | | v |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 | | · | 32 | | |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 | 33 | | 00 | | v |
| Part V, line 1 34 | 24 | | 33 | | |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 | 34 | | 24 | | x |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V | 35a | | | | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 35b 35b 37 X 36 X X | | | | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ~ | | 35h | | |
| If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 36 | | | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | | | | X |
| Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | 37 | | | | |
| Note: All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 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 Technology Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | | 38 | X | |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 46 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 1c 1c | Par | | | | |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | Check if Schedule O contains a response or note to any line in this Part V | | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | | 4.0 | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | | | | | |
| (gambling) winnings to prize winners? | | | | | |
| | С | | | | |
| | 333004 | | | 990 | (5053) |

ACOUSTICAL SOCIETY OF AMERICA 13-6161132 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

Gross income from other sources. (Do not net amounts due or paid to other sources against

3 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N. $\,$

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form **990** (2023)

X

Х

X

12a

13a

14a

15

17

11a

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|-----|---|---------|---------|-----|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1. | 3 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 1 | 3 | | | | | | | |
| 2 | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | X | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | |
| | more members of the governing body? | 7a | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | Х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Х | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only) | availal | ble | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | d finan | cial | | | | | | |
| | 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 | | | | | | | | |
| | ELAINE MORAN, DIRECTOR OF OPERATIONS - (516) 576-2360 | | | | | | | | |
| | 1305 WALT WHITMAN ROAD, SUITE 110, MELVILLE, NY 11747 | | | | | | | | |

Form **990** (2023)

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

X

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | Jigu | | 10 | C) | .,,, | | (D) | (E) | (F) |
|--------------------------------------|-------------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|----------|-------------------------|-------------------------|------------------------|
| | | | | Pos | ری itior | 1 | | | | |
| Name and title | Average hours per | | not c | heck | more | than o | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week | | | | | r/trus | | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | pe | | organization | (W-2/1099-MISC/ | from the |
| | related | stee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al trus | nal tr | | loyee | comp | | 1099-NEC) | | and related |
| | below | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) GUGAN E FOY | line) | n Di | i s | #0 | Ş. | ; 를 '등 | - F | | | |
| (1) SUSAN E. FOX EXECUTIVE DIRECTOR | 35.00 | | | х | | | | 201 155 | 0. | /E 170 |
| | 35.00 | | | ^ | | | | 301,155. | 0. | 45,178. |
| (2) ELAINE MORAN | 33.00 | - | | | | x | | 225 050 | 0. | 41 020 |
| (3) NANCY BLAIR-DELEON | 35.00 | | | | | ^ | | 225,958. | 0. | 41,829. |
| STANDARDS MANAGER | 33.00 | | | | | x | | 169,482. | 0. | 76,301. |
| (4) ELIZABETH A. BURY | 35.00 | | | | | ^ | | 109,402. | 0. | 70,301. |
| SENIOR MANAGING EDITOR | 33.00 | | | | | x | | 110,377. | 0. | 76,015. |
| (5) MICHAEL R. MCGOVERN | 25.00 | | | | | 21 | | 110,577. | | 70,013. |
| FINANCE DIRECTOR | 23:00 | • | | | | x | | 130,418. | 0. | 50,142. |
| (6) DANIEL FARRELL | 35.00 | | | | | | | 130/1101 | | 30/1120 |
| WEB OFFICE MANAGER | | • | | | | x | | 107,235. | 0. | 26,594. |
| (7) JAMES LYNCH | 21.00 | | | | | | | | | |
| EDITOR-IN-CHIEF | | | | Х | | | | 76,407. | 0. | 0. |
| (8) STEPHEN J. LIND | 8.00 | | | | | | | | | |
| STANDARDS DIRECTOR | | | | Х | | | | 38,500. | 0. | 0. |
| (9) PEGGY B. NELSON, PRESIDENT (THR | 5.00 | | | | | | | | | |
| MAY 2023), COUNCIL MEMBER | | Х | | Х | | | | 0. | 0. | 0. |
| (10) STAN E. DOSSO, PRESIDENT-ELECT | 5.00 | | | | | | | | | |
| (THRU MAY 2023), PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (11) BARBARA G. SHINN-CUNNINGHAM | 5.00 | | | | | | | | | |
| PRESIDENT-ELECT (AS OF MAY 2023) | | Х | | X | | | | 0. | 0. | 0. |
| (12) SUBHA MARUVADA, VICE PRESIDENT | 1.00 | | | | | | | | _ | _ |
| MAY 2023), COUNCIL MEMBER | | Х | | Х | | | | 0. | 0. | 0. |
| (13) ANN R. BRADLOW, VICE PRESIDENT- | 1.00 | | | | | | | | _ | _ |
| ELECT (THRU MAY 2023), VICE PRESIDEN | | Х | | Х | | | | 0. | 0. | 0. |
| (14) TYRONE M. PORTER | 1.00 | | | | | | | | _ | _ |
| VICE PRESIDENT-ELECT (AS OF MAY 2023 | | Х | | Х | | | | 0. | 0. | 0. |
| (15) JUDY R. DUBNO | 1.00 | | | | | | | | | |
| TREASURER | 1 00 | Х | | X | | | | 0. | 0. | 0. |
| (16) KELLY J. BENOIT-BIRD | 1.00 | | | | | | | | _ | _ |
| COUNCIL MEMBER | 1 00 | X | _ | | | | <u> </u> | 0. | 0. | 0. |
| (17) JENNIFER L. COOPER | 1.00 | ,, | | | | | | | _ | ^ |
| COUNCIL MEMBER (THRU MAY 2023) | | X | | | | | | 0. | 0. | 990 (2022) |

332007 12-21-23

Form 990 (2023)

13-6161132

| Form 990 (2023) ACOUST 1 | CAL SUCTE | .T. X | U | r | AI. | <u>IER</u> | TC | A | 13-0101 | 132 Page 6 |
|--|--|--------------------------------|---|---------|-------------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | Positio (do not check more box, unless person officer and a direct | | eck more than one | | | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) MICHEAL L. DENT | 1.00 | | | | | | | | | |
| COUNCIL MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (19) DAVID R. DOWLING COUNCIL MEMBER (THRU MAY 2023) | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (20) JOSEPH R. GLADDEN | 1.00 | Λ | | | | \vdash | | 0. | 0. | . |
| COUNCIL MEMBER (THRU MAY 2023) | 1.00 | х | | | | | | 0. | 0. | 0. |
| (21) ZOI HELENI MICHALOPOULOU | 1.00 | | | | | | | | | |
| COUNCIL MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (22) JENNIFER L. MIKSIS-OLDS COUNCIL MEMBER | 1.00 | х | | | | | | 0. | 0. | 0. |
| (23) CYNTHIA MOSS | 1.00 | | | | | | | | | |
| COUNCIL MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (24) TRACIANNE B. NEILSEN | 1.00 | | | | | | | | • | |
| COUNCIL MEMBER | 1 00 | Х | | | | ┢ | | 0. | 0. | 0. |
| (25) MAUREEN L. STONE | 1.00 | 37 | | | | | | | 0 | _ |
| COUNCIL MEMBER (THRU MAY 2023) | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,159,532. | 0. | 316,059. |
| c Total from continuation sheets to Par | | | | | | | • | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,159,532. | 0. | 316,059. |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable | | | | | | | | | | |

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------|---------------------|
| AMERICAN INSTITUTE OF PHYSICS, ONE PHYSICS | | |
| ELLIPSE, COLLEGE PARK, MD 20740-3843 | MANAGEMENT SERVICES | 2,681,172. |
| CHICAGO MARRIOT MIRACLE MILE HOTEL | HOSPITALITY, | |
| 540 N. MICHIGAN AVENUE, CHICAGO, IL 60611 | AUDIO/VISUAL | 679,224. |
| AIP PUBLISHING LLC, 1305 WALT WHITMAN | | |
| ROAD, SUITE 300, MELVILLE, NY 11747-4300 | PUBLISHING | 220,086. |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those liste | d above) who received more than | |

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023) ACOUSTI
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response o | r note to any lin | e in this Part VIII | | | |
|--|------|--|-------------------|---------------------|-------------------|------------------|---------------------------------|
| | | • | , | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| ပ္ ပ | 1 a | Federated campaigns 1a | | | | | |
| ant | | Membership dues 1b | | | | | |
| <u>क</u> ही | | Fundraising events 1c | | | | | |
| ifts ir A | | Related organizations 1d | | | | | |
| nik G | | Government grants (contributions) 1e | | | | | |
| Sis | | All other contributions, gifts, grants, and | | | | | |
| ber her | | similar amounts not included above 1f | 133,211. | | | | |
| 텵 | | Noncash contributions included in lines 1a-1f | 24,202. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | Total. Add lines 1a-1f | | 133,211. | | | |
| | | | Business Code | | | | |
| Ð | 2 8 | SCIENTIFIC JOURNAL | 541700 | 2,477,463. | 2,477,463. | | |
| Š | k | MEETINGS/SEMINARS | 900099 | 1,731,248. | 1,731,248. | | |
| Sel | (| MEMBERSHIP DUES | 900099 | 585,036. | 585,036. | | |
| am | (| STANDARDS | 900099 | 226,278. | 226,278. | | |
| Program Service Revenue | • | SCIENTIFIC PUBLICATIONS | 541700 | 2,925. | 2,925. | | |
| P. | f | All other program service revenue | 900099 | 89,179. | 89,179. | | |
| | ç | Total. Add lines 2a-2f | | 5,112,129. | | | |
| | 3 | Investment income (including dividends, interes | st, and | | | | |
| | | other similar amounts) | | 510,883. | | | 510,883. |
| | 4 | Income from investment of tax-exempt bond pro | | | | | |
| | 5 | Royalties | | 331,576. | 331,576. | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | k | Less: rental expenses 6b | | | | | |
| | (| Rental income or (loss) 6c | | | | | |
| | (| Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 6,968,448. | | | | | |
| | k | Less: cost or other basis | | | | | |
| nue | | and sales expenses 7b 5,190,359. | | | | | |
|) e | | Gain or (loss) 7c 1,778,089. | | 1 770 000 | | | 1550000 |
| her Revenue | | Net gain or (loss) | | 1,778,089. | | | 1778089. |
| | 8 8 | Gross income from fundraising events (not | | | | | |
| Ò | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | 9 6 | Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | ı | Part IV, line 19 9a | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | 10 6 | and allowances 10a | | | | | |
| | ŀ | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | , , | Business Code | | | | |
| sno | 11 a | ACOUSTICS TODAY MAG ADVERTISING | 541800 | 107,392. | | 107,392. | |
| ane Due | k | ONLINE ADVERTISING | 541800 | 7,100. | | 7,100. | |
| Miscellaneous Revenue | (| OTHER INCOME | 900099 | 20. | | | 20. |
| Aisc B | (| All other revenue | | | | | |
| 2 | | Total. Add lines 11a-11d | | 114,512. | | | |
| | 12 | Total revenue. See instructions | | 7,980,400. | 5,443,705. | 114,492. | 2288992. |

332009 12-21-23

Form **990** (2023)

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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 36,000. 36,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 145,997. 145,997. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 61,129. 61,129. Benefits paid to or for members Compensation of current officers, directors, 461,240. 336,387. 124,853. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,271,233. 927,124. 344,109. Other salaries and wages 7 Pension plan accruals and contributions (include 134,487. 91,732. 42,755. section 401(k) and 403(b) employer contributions) 521,849. 407,468. 114,381. Other employee benefits 9 97,249. 80,024. 17,225. 10 Payroll taxes Fees for services (nonemployees): Management 2,348. 2,348. Legal 112,500. 112,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 117,471. 117,471. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 674,551. 43,521. 718,072 column (A), amount, list line 11g expenses on Sch O.) 11,651. 11,651. Advertising and promotion 12 420,841. 307,159. 113,682. Office expenses 13 130,229. 121,092. 9,137. Information technology 14 2,740. 2,740. 15 Royalties 25,901. 2,255. 23,646. 16 Occupancy 145,326. 112,957. 32,369. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 860,610. 860,610. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 $1,\overline{611}$ 3,288. 1,677. Depreciation, depletion, and amortization 22 24,635. 9,902. 14,733. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 476,465. 476,465. EQUIP. RENTAL AND MAINT PUBLISHING EXPENSE 259,440. 259,440. 102,448. 57,455. 44,993. DUES 61,196. 61,196. SPECIAL PROJECTS 130,000. 131,025. 1,025. All other expenses 6,335,370. 5,175,011. 1,160,359. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|-------------|---------------------------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 233,883. | 1 | 140,446. | |
| | 2 | Savings and temporary cash investments | | | 1,272,885. | 2 | 1,493,262. |
| | 3 | Pledges and grants receivable, net | | | 1,250. | 3 | 3,925. |
| | 4 | Accounts receivable, net | | 823,386. | 4 | 1,004,920. | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | stantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | ılified per | | | | |
| | | under section 4958(f)(1)), and persons describe | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| ι | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1,587. | 8 | 163. |
| ĕ | 9 | B | | | 84,784. | 9 | 165,338. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | . 10a | 279,064. | | | |
| | b | Less: accumulated depreciation | 10b | 273,909. | 6,267. | | 5,155. |
| | 11 | Investments - publicly traded securities | | | 20,128,633. | 11 | 21,131,684. |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 309,515. | 15 | 314,438. | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 22,862,190. | 16 | 24,259,331. |
| | 17 | Accounts payable and accrued expenses | | 349,602. | 17 | 282,601. | |
| | 18 | Grants payable | | 1 004 045 | 18 | 44.4.54.0 | |
| | 19 | Deferred revenue | | | 1,831,315. | 19 | 414,512. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | | |
| jab | | controlled entity or family member of any of the | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unre | | · · · · · · · · · · · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | - | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | | | 201 061 | | 222 120 |
| | | of Schedule D | | | 384,861. 2,565,778. | 25 | 233,138. 930,251. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,303,770. | 26 | 930,231. |
| တ္က | | Organizations that follow FASB ASC 958, ch | ieck ner | | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 15,884,182. | 27 | 18,203,016. |
| <u>a</u> | 27 | Net assets with dance restrictions | | | 4,412,230. | 28 | 5,126,064. |
| e B | 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC | | | Ŧ, ŦIZ, ZJU• | 20 | 3,120,004. |
| Ë | | and complete lines 29 through 33. | 956, CHE | ck nere | | | |
| Þ | 20 | • | • | | | 29 | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or each capital surplus, or land, building, building, building, or land, building, b | | | | 30 | |
| \ss(| 30 | Retained earnings, endowment, accumulated in | | | | 31 | |
| et / | 31 | | | | 20,296,412. | 32 | 23,329,080. |
| ž | 32 | Total liabilities and net assets/fund balances | | | 22,862,190. | 33 | 24,259,331. |
| | 33 | Total liabilities and net assets/fund balances | | | 22,002,170. | აა | 5 990 (2000) |

| Pa | T XI Reconciliation of Net Assets | | | | | |
|----|--|----------|---------|------------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 0,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 70. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 30. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 20 | , 29 | 6,4 | <u> 12.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | 1, | , 36 | 2,9 | 17. |
| 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 on Schedule O) | 9 | | 2 | 4,7 | 21. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 23 | 32 | 9,0 | 80. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | Х |
| | 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? | | L | 2 b | Х | |
| | 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: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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? | | L | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | Γ | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | 3b | | |
| | | | | Form | 990 | (2023) |

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACOUSTICAL SOCIETY OF AMERICA

Employer identification number

13-6161132 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|----------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publi | | | | | T I | |
| | Public support percentage for 2023 (I | | | column (f)) | | 14 | % |
| | Public support percentage from 2022 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the o | | | | | | |
| | stop here. The organization qualifies | | - | | | | |
| D | 33 1/3% support test - 2022. If the contract the support test - 2022 is the contract t | - | | | | | |
| 47. | and stop here. The organization qual | • | | | - 40 40 40- | | |
| 1/a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | • | • | • | vi now the organiz | zauon |
| L | meets the facts-and-circumstances te | - | • | * | - | 170 and line 15 :- | L |
| O | 10% -facts-and-circumstances test | - | | | | | 1070 UI |
| | more, and if the organization meets the | | | | - | | |
| 12 | organization meets the facts-and-circu Private foundation. If the organization | | - | | | | |
| 18 | rivate iounuation. Il the organization | n did not check a | DOX OF HIRE 13, 10 | a, 100, 17a, 01 171 | o, oneon this box a | | (Form 990) 2023 |

332022 12-21-23

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sed | ction A. Public Support | | • | | | | |
|------------|--|---------------------|---------------------|--------------------|---------------------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 94,326. | 70,770. | 76,293. | 208,345. | 133,211. | 582,945. |
| | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 4105362. | 3791464. | 4353251. | 4612490. | 5443705. | 22306272. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 4199688. | 3862234. | 4429544. | 4820835. | 5576916. | 22889217. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons | 40,119. | 59,621. | 55,050. | 81,975. | 72,350. | 309,115. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c | Add lines 7a and 7b | 40,119. | 59,621. | 55,050. | 81,975. | 72,350. | 309,115. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 22580102. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | 4199688. | 3862234. | 4429544. | 4820835. | 5576916. | 22889217. |
| 10a | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 728,718. | 493,310. | 431,507. | 429,674. | 510,883. | 2594092. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 98,990. | | | 95,741. | 114,492. | 509,705. |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 827,708. | 584,275. | 541,024. | 525,415. | 625,375. | 3103797. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | 20. | 20. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 5027396. | 4446509. | 4970568. | 5346250. | 6202311. | 25993034. |
| 14 | First 5 years. If the Form 990 is for the | · · | | | | () () | on, |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | Т | [| 06 07 |
| | Public support percentage for 2023 (li | | • | .,, | | 15 | 86.87 % |
| | Public support percentage from 2022 ction D. Computation of Inves | | | | | 16 | 85.77 % |
| | - | | | ne 13 column (f)\ | I | 17 | 11.94 % |
| | Investment income percentage for 20 Investment income percentage from 2 | | | ie 13, column (i)) | | 18 | 11.94 % |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| .56 | more than 33 1/3%, check this box an | | | | | | X |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 | Private foundation If the organization | n did not obook a k | ooy on line 14, 10c | or 10h abaak th | ic hav and acc inct | ruotiono | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|--------|------|
| | | |
| 4 | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| За | | |
| | | |
| | | |
| 3b | | |
| | | |
| Зс | | |
| | | |
| 4a | | |
| | | |
| | | |
| 4b | | |
| | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| F | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| | | |
| | | |
| 9a | | |
| 01 | | |
| 9b | | |
| 00 | | |
| 9c | | |
| | | |
| 10a | | |
| 104 | | |
| 10b | | |
| | n 990) | 2022 |

332024 12-21-23

| Pai | Tiv Supporting Organizations (continued) | | | |
|------------|---|---------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | 11c | | |
| <u>Sec</u> | tion B. Type I Supporting Organizations | | | |
| | _ | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru | uction: | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | 3b | | |

| SCHE | dule A (Form 990) 2023 ACCOSTICAL SOCIETY OF A | | | LO OTOTTOL Page 6 |
|------|--|----------------|--------------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orgai | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | e Sections A through E. | |
| Sect | on A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6_ | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ACOUSTICAL SOCIETY OF AMERICA

Employer identification number 13-6161132

| Pai | rt I Organizations Maintaining Donor Advised Funds or Other Sim | ilar Funds or Ac | counts. Complete if the |
|-----|--|-------------------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | · |
| | (a) Donor advised for | unds (| 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 i | | |
| | 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 | | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any o | ther purpose conferri | |
| Da | impermissible private benefit? | | |
| Pai | · | on Form 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | | |
| | | | orically important land area |
| | | reservation of a certi | fied historic structure |
| • | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution day of the tax year. | on in the form of a cor | Held at the End of the Tax Year |
| _ | | | |
| _ | Total parage verticated by consequation accompanie | | 2a 2b |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a | | 2c 2c |
| d | | I not | 20 |
| u | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or term | | |
| Ū | year | mated by the organi | tation during the tax |
| 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 | |
| | | , | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforce | cing conservation eas | sements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d 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 statem | ent and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's fin | ancial statements tha | at describes the |
| Da | organization's accounting for conservation easements. | | incilar Accets |
| Pai | rt III Organizations Maintaining Collections of Art, Historical Treas | ures, or Other S | imilar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue | | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or | | ice of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describ | | alaastaulua af |
| D | If the organization elected, as permitted under FASB ASC 958, to report in its revenue st | | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or re | search in furtherance | of public service, |
| | provide the following amounts relating to these items. | | C |
| | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar asse | | |
| 2 | the following amounts required to be reported under FASB ASC 958 relating to these iter | | JOVIGE |
| а | | | \$ |
| | | | |
| | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2023 |

| Pa | t III Organizations Maintaining Co | ollections of Art, | Historical Tre | asures, or O | ther S | imilar / | Assets | (continu | ied) |
|----------|--|--------------------------------------|-----------------------|--------------------|-----------|---------------------|-----------|-----------|------------|
| 3 | Using the organization's acquisition, accession | | | | | | | , | |
| | collection items (check all that apply). | | | | | | | | |
| а | Public exhibition | d | Loan or exch | nange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's | exempt | purpose | in Part | XIII. | |
| 5 | During the year, did the organization solicit or | receive donations of | art, historical treas | ures, or other sir | nilar ass | sets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | \square | Yes | ☐ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | | ne 9, or | |
| | reported an amount on Form 990, Part | | · · | | | ŕ | | · | |
| | Is the organization an agent, trustee, custodia | n, or other intermedi | ary for contribution | s or other assets | not inc | luded | | | |
| | on Form 990, Part X? | | | | | | \square | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | |
| | | | | | | | | | |
| С | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | | | | | $\overline{}$ | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | _ | |
| Pai | | | | | | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years ba | | Three yea | ırs back | (e) Four | ears back |
| 1a | Beginning of year balance | 6,108,361. | 4,786,798. | 4,275,22 | | | 3,474. | | 121,712. |
| b | Contributions | , , , , _, | 2,295,835. | , , | | • | , | , | |
| c | Net investment earnings, gains, and losses | 1,075,926. | -905,767. | 591,63 | 33. | 525 | 5,189. | Į. | 549,261. |
| d | Grants or scholarships | , , , | , - | , | | | , | | |
| e | Other expenditures for facilities | | | | | | | | |
| C | | 273,471. | 68,505. | 80,05 | 58. | 93 | 3,440. | 1 | L27,499. |
| | Administrative expenses | | , | , | | | , | | |
| | | 6,910,816. | 6,108,361. | 4,786,79 | 9.8 | 4 275 | 5,223. | 3 8 | 343,474. |
| g 2 | Provide the estimated percentage of the curre | | | | | -,-/- | , | , | , 1, 1, 1, |
| a | Board designated or quasi-endowment | 92.0500 | % | Tielu as. | | | | | |
| b | Permanent endowment 4.4100 | % | _70 | | | | | | |
| | Term endowment 3.5400 9 | | | | | | | | |
| С | The percentages on lines 2a, 2b, and 2c should | | | | | | | | |
| 20 | | • | ion that are hold an | d administered f | or the | | | | |
| Sa | Are there endowment funds not in the posses | Sion of the organizat | ion that are neid an | u auministereu i | or trie | | | [· | res No |
| | organization by: (i) Unrelated organizations? | | | | | | | 3a(i) | X |
| | *** = | | | | | | | | X |
| L | If "Yes" on line 3a(ii), are the related organizat | iana liatad aa raguira | | | | | | 3a(ii) | ———— |
| | | | | | | | | 3b | |
| 4 Pai | t VI Land, Buildings, and Equipme | | ment iunas. | | | | | | |
| ı uı | Complete if the organization answered | | Part IV line 11a Sc | ee Form 990 Pa | rt X line | 10 | | | |
| | · · · · · · · · · · · · · · · · · · · | 1 | <u> </u> | | | | | (-I) D I- | |
| | Description of property | (a) Cost or other basis (investment) | , , | | . , | ımulated ciation | | (d) Book | value |
| | | , | ent) basis (| Oti ICI) | uepre | CIALIUII | | | |
| _ | Land | I | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | I | | 1 061 | 2.2 | 0 00 | + | | 155 |
| d | Equipment | | | 4,064. | | 8,909 | | 5 | ,155. |
| | Other | | • | 5,000. | | 5,000 | | | 155 |
| Tota | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990 Part X | line 10c column i | (R)) | | | | 5 | ,155. |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 ACOUSTICAL S Part VII Investments - Other Securities | | ERICA 13-6161132 Page |
|---|---------------------------|---|
| Complete if the organization answered "Yes" or | n 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) | | |
| otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |
| Part VIII Investments - Program Related. | | • |
| Complete if the organization answered "Yes" or | n 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) | | |
| otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |
| Part IX Other Assets | | |
| Complete if the organization answered "Yes" or | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. |
| (a) D | escription | (b) Book value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. | (B)) | |
| Part X Other Liabilities | | |
| Complete if the organization answered "Yes" or | n 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 | | |
| (2) DUE TO MEMBER ORGANIZATION | | 231,142 |
| (2) T.FACE T.TARTT.TTV FOR ODERAT | | |

| <u>1. </u> | (a) Description of liability | (b) Book value |
|---|---|----------------|
| (1) | Federal income taxes | |
| (2) | DUE TO MEMBER ORGANIZATION | 231,142. |
| (3) | LEASE LIABILITY FOR OPERATING | |
| (4) | LEASE | 1,996. |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 233,138. |

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

| Pa | t XI Reconciliation of Revenue per Audited Financial Stater | | Revenue per Re | eturn | |
|--------------|--|------------------|--------------------------|-------------|----------------------|
| | 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 | 9,366,492. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 4 060 045 | | |
| а | Net unrealized gains (losses) on investments | | 1,362,917. | | |
| b | Donated services and use of facilities | | | - | |
| С | Recoveries of prior year grants | | 04 701 | - | |
| d | , | 2d | 24,721. | | 1 207 620 |
| е | Add lines 2a through 2d | | | 2e | 1,387,638. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,978,854. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | 1 5/6 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 1,546. | - | |
| b | | | | | 1 5/6 |
| _ | Add lines 4a and 4b | | | 4c | 1,546. 7,980,400. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State | | | 5 Return | |
| ı a | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | | ii Experises per i | icturi | • |
| _ | · · · · · · · · · · · · · · · · · · · | | | 1 | 6,333,824. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 0,333,024. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | | |
| a | Donated services and use of facilities | | | - | |
| b | Prior year adjustments Other Jacobs | | | - | |
| c d | Other losses Other (Describe in Part XIII.) | | | - | |
| e e | | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,333,824. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | 0,000,021 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,546. | | |
| b | | | | | |
| | Add lines 4a and 4b | | | 4c | 1,546. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 6,335,370. |
| | rt XIII Supplemental Information | | | | .,, |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F | Part IV. lines 1 | o and 2b: Part V. line 4 | 1: Part) | (. line 2: Part XI. |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | | | , | , , , , , , |
| | | | | | |
| | | | | | |
| PAI | RT V, LINE 4: | | | | |
| | | | | | |
| THI | E SOCIETY'S ENDOWMENT FUNDS ARE UNDER THE | DIRECT | CONTROL OF | THI | ⊙ |
| | | | | | |
| EXI | ECUTIVE COUNCIL WITH GUIDANCE PROVIDED BY | AN INV | ESTMENT COM | MIT | ree. These |
| | | | | | |
| FUI | NDS ARE DESIGNATED FOR SPECIFIC GOALS, AN | ID NOT F | OR THE DAY- | TO-I | DAY |
| | | | | | |
| OPI | ERATIONS OF THE SOCIETY. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| | | | | | |
| THI | S SOCIETY RECOGNIZES THE EFFECT OF INCOME | TAX PC | SITIONS ONL | Y II | THOSE |
| | | | | | |
| POS | SITIONS ARE MORE LIKELY THAN NOT TO BE SU | ISTAINED | . MANAGEMEN | IT H | AS |
| | | | | | |
| DE' | TERMINED THAT THE SOCIETY HAD NO UNCERTAL | N TAX P | OSITIONS TH | IAT V | NOULD |
| 5 – - | | D T A C T C T | | . ~ = = - | |
| RE(| QUIRE FINANCIAL STATEMENT RECOGNITION OR | DISCLOS | URE. THE SC | CIE | LA TR NO |
| T ^- | IOED GUDTEOM MO EVANTAMETONG DV MVII 1851 | | 13 WTM TITE TO | 1D T ~- | TONG TOP |
| LOI | NGER SUBJECT TO EXAMINATIONS BY THE APPLI | .САВЬЕ Т | AXING JUKIS | DTC, | LIONS FOR |

| Schedule D (Form 990) 2023 ACOUSTICAL SOCIETY OF AMERICA | 13-6161132 Page 5 |
|--|-------------------|
| Schedule D (Form 990) 2023 ACOUSTICAL SOCIETY OF AMERICA Part XIII Supplemental Information (continued) | - |
| | |
| PERIODS PRIOR TO DECEMBER 31, 2019. | |
| | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| | |
| CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST | 24,721. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | |
| | |
| | |

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number**

ACOUSTICAL SOCIETY OF AMERICA 13-6161132 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE 0 GRANTMAKING 31,217. NORTH AMERICA 0 0 GRANTMAKING 13,862. 9,000. 0 0 SOUTH AMERICA GRANTMAKING EAST ASIA AND THE 0 GRANTMAKING PACIFIC 0 5,100. GRANTMAKING SOUTH ASIA 0 0 1,700. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTMAKING 250. 0 0 61,129. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

61,129.

and 3b)

| recipient who rec | recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | |
|----------------------------|--|----------------------------|---------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | recipient organization | ns listed above that are r | ecognized as charities by the t | foreign country, | recognized as a tax | | | |

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Schedule F (Form 990) 2023

3 Enter total number of other organizations or entities

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance STUDENT GRANTS SOUTH ASIA 1,700. WIRE & CHECKS 0. EAST ASIA AND THE STUDENT GRANTS PACIFIC 5 l 5,100. WIRE & CHECKS 0 STUDENT GRANTS NORTH AMERICA 15 11,362. WIRE & CHECKS 0. STUDENT GRANTS SOUTH AMERICA 7,500. WIRE & CHECKS 0. EUROPE 27,217. WIRE & CHECKS 0. STUDENT GRANTS 45 MIDDLE EAST AND STUDENT GRANTS NORTH AFRICA 250. WIRE & CHECKS 0.

Schedule F (Form 990) 2023 Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2023

Page 5

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

PART I, LINE 2:

- NEWMAN FUND AWARDS THE RECIPIENTS' PROFESSORS OR MENTORS SUBMIT NOMINATIONS DESCRIBING THE RECIPIENTS' WORK IN ACOUSTICS. THE NEWMAN AWARD FUND COMMITTEE APPROVES THE AWARD.
- STUDENT TRANSPORTATION GRANTS STUDENTS SUBMIT AN EMAIL DESCRIBING THEIR TRANSPORTATION COSTS. THE GRANTS ARE APPROVED BY THE ASA TREASURER. STUDENTS MUST PICK UP THE GRANT CHECKS WHEN THEY ATTEND THE MEETING FOR WHICH THE TRAVEL FUNDS ARE BEING PROVIDED. IF THEY DO NOT ATTEND THE MEETING, THEY DO NOT RECEIVE THE GRANT.
- BEST PAPER AWARDS ENTRANTS SUBMIT ABSTRACTS FOR PRESENTATION AT MEETINGS OF THE ASA. THEIR PRESENTATIONS ARE JUDGED AT THE MEETING. RECIPIENTS MUST ATTEND THE MEETING AND PRESENT THE PAPER, OTHERWISE THEY DO NOT RECEIVE THE AWARDS.
- STUDENT DESIGN COMPETITION ENTRANTS MUST SUBMIT POSTER ENTRIES WHICH ARE JUDGED AT THE MEETING. THE ENTRANTS ARE NOT REQUIRED TO ATTEND THE MEETING. THE POSTERS ARE PROFESSIONALLY JUDGED AND THE WINNERS ARE SENT AWARDS BY CHECK OR ELECTRONIC TRANSFER.
- INTERNATIONAL RESEARCH AND EDUCATION GRANTS GRANT RECIPIENTS MUST SUBMIT APPLICATIONS WHICH ARE STUDIED BY A COMMITTEE THAT SELECTS THE RECIPIENTS. APPROVED GRANTS ARE SENT TO THE STUDENTS BY ELECTRONIC TRANSFER.
- YOUNG UNDERGRADUATE AWARD INDIVIDUALS SUBMIT APPLICATIONS

Schedule F (Form 990) 2023 Part V | Supplemental Information

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

CONTAINING DESCRIPTIONS OF THE SCIENCE PROJECTS ON WHICH THEY PLAN TO WORK IF SELECTED TO RECEIVE THE GRANTS. THE GRANT RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS WHEN THEIR PROJECTS HAVE BEEN COMPLETED. AWARDS ARE PAID BY CHECK TO THE UNIVERSITY AT WHICH THE PROJECT IS CONDUCTED OR DIRECTLY TO THE STUDENTS IF THE UNIVERSITY CANNOT ADMINISTER THE AWARD.

- MEDWIN PRIZE IN ACOUSTICAL OCEANOGRAPHY- INDIVIDUALS ARE NOMINATED G. FOR THIS AWARD OR MAY NOMINATE THEMSELVES. RECIPIENTS ARE SELECTED BY A SUBCOMMITTEE OF AN ASA TECHNICAL COMMITTEE. THE RECIPIENT IS REQUIRED TO PRESENT AN ORAL PRESENTATION AT A MEETING OF THE SOCIETY IN ORDER TO RECEIVE THE AWARD.
- R. BRUCE LINDSAY AWARD INDIVIDUALS ARE NOMINATED FOR THIS AWARD IF THEY MEET CERTAIN REQUIREMENTS. RECIPIENTS ARE SELECTED BY THE ASA MEDALS AND AWARDS COMMITTEE. SELECTIONS ARE BASED UPON THE HIGH-ACHIEVEMENT OF THE NOMINEES IN THE FIELD OF ACOUSTICS.
- SCIENCE FAIR AWARDS THESE ARE AWARDED AT THE INTERNATIONAL SCIENCE AND ENGINEERING FAIR HELD ANNUALLY IN THE U.S. RECIPIENTS MUST SUBMIT AND DISPLAY PROJECTS ON AN ACOUSTICALLY-RELATED TOPIC. ENTRIES ARE EVALUATED BY THREE ASA JUDGES WHO ARE SELECTED BY THE ASA EDUCATION COORDINATOR. THE THREE HIGHEST-RATED PROJECTS ARE GRANTED AWARDS.
- UNDERGRADUATE RESEARCH AWARD THE UNDERGRADUATE RESEARCH EXPOSITION IS A FORUM FOR UNDERGRADUATE STUDENTS TO PRESENT THEIR RESEARCH PERTAINING TO ANY AREA OF ACOUSTICS AND CAN ALSO INCLUDE OVERVIEW PAPERS ON UNDERGRADUATE RESEARCH PROGRAMS DESIGNED TO INSPIRE AND FOSTER GROWTH

Schedule F (Form 990) 2023 Part V | Supplemental Information

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

OF UNDERGRADUATE RESEARCH THROUGHOUT THE SOCIETY. IT IS INTENDED TO ENCOURAGE UNDERGRADUATES TO EXPRESS THEIR KNOWLEDGE AND INTEREST IN ACOUSTICS AND FOSTER THEIR PARTICIPATION IN THE SOCIETY. THE EXPOSITION IS A SPECIAL POSTER SESSION SPONSORED AND JUDGED BY MEMBERS OF THE EDUCATION IN ACOUSTICS COMMITTEE. STUDENTS MUST ATTEND THE MEETING TO RECEIVE THE AWARD.

- K. ROSSING PRIZE IN ACOUSTICS EDUCATION RECIPIENTS ARE NOMINATED AND MUST ATTEND A MEETING AND PRESENT THE ACOUSTICS EDUCATION PRIZE LECTURE. THE AWARD IS PRESENTED AT THE MEETING.
- L. HARTMANN PRIZE IN AUDITORY NEUROSCIENCE RECIPIENTS ARE NOMINATED AND ARE SELECTED BY A SUBCOMMITTEE OF A TECHNICAL COMMITTEE. AWARD WINNER MUST ATTEND AND PRESENT THE AUDITORY NEUROSCIENCE PRIZE LECTURE. THE AWARD IS PRESENTED AT THE MEETING.
- M. TECHNICAL COMMITTEE ON ACOUSTICAL OCEANOGRAPHY TRAVEL GRANT -RECIPIENTS MUST SUBMIT APPLICATIONS PROVIDING THEIR ACOUSTICS BACKGROUND. RECIPIENTS ARE SELECTED BY A SUBCOMMITTEE OF A TECHNICAL COMMITTEE. RECIPIENTS MUST ATTEND THE MEETING AND SUBMIT A TRAVEL EXPENSE REIMBURSEMENT FORM TO BE PAID THE AWARD.
- N. ROBERT YOUNG AWARD FOR STANDARDS TRAVEL THE ROBERT W. YOUNG MEMORIAL FUND WAS ESTABLISHED IN 2002 TO PROVIDE SUPPORT IN THE AREAS OF STANDARDS AND ACOUSTICS EDUCATION. THE OBJECTIVE OF THE TRAVEL AWARD IS TO PROVIDE LIMITED FINANCIAL SUPPORT TO ASSIST INDIVIDUAL EXPERTS TO PARTICIPATE IN THE DEVELOPMENT OF INTERNATIONAL STANDARDS PREPARED BY TECHNICAL

Page 5

Part V | Supplemental Information

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

COMMITTEE 29, ELECTROACOUSTICS, OF THE INTERNATIONAL ELECTROTECHNICAL COMMISSION AND BY SUBCOMMITTEE 1, NOISE, OF TECHNICAL COMMITTEE 43, ACOUSTICS, OF THE INTERNATIONAL ORGANIZATION FOR STANDARDIZATION. AN APPLICANT FOR A TRAVEL AWARD SHALL BE A CITIZEN OF, AND RESIDE IN, THE AN APPLICANT SHALL BE AN EXPERT IN A TECHNICAL FIELD APPLICABLE TO ONE OR MORE WORKING GROUPS OF IEC/TC 29 OR ISO/TC 43/SC1. APPLICANTS SHALL INDICATE A CONTINUING INTEREST IN THE ACTIVITIES OF A WORKING GROUP(S) AND TO CONTRIBUTE TO THE DEVELOPMENT OF DRAFTS OF STANDARDS. AN APPLICANT SHALL BE SELF-EMPLOYED, AN EMPLOYEE OF A SMALL FIRM, SEMI-RETIRED, OR RETIRED. AWARDEES OF TRAVEL SUPPORT SHALL BE MEMBERS OF THE ACOUSTICAL SOCIETY OF AMERICA. THE CHAIR AND THE VICE CHAIR OF THE ACOUSTICAL SOCIETY OF AMERICA'S COMMITTEE ON STANDARDS (ASACOS) SHALL SELECT FROM THE APPLICATIONS RECEIVED THOSE INDIVIDUALS WHO SHALL RECEIVE ROBERT W. YOUNG TRAVEL GRANTS IN A GIVEN YEAR. AT LEAST THREE MONTHS BEFORE THE DATE OF THE INTERNATIONAL MEETING, THE CHAIR OF ASACOS SHALL NOTIFY THE SUCCESSFUL APPLICANT(S) OF AN AWARD OF TRAVEL SUPPORT, AND THE AMOUNT(S) OF THE AWARD(S). TRAVEL AWARDS MAY BE GRANTED AT VARIOUS TIMES THROUGHOUT A YEAR AS APPROPRIATE FOR THE FUNDS THAT ARE AVAILABLE IN ANY GIVEN YEAR. UNLESS THERE ARE SPECIAL CIRCUMSTANCES, NO ONE PERSON SHALL RECEIVE A TRAVEL AWARD MORE OFTEN THAN ONCE IN A 24-MONTH PERIOD. THE AWARDEE WILL BE PAID AS REIMBURSEMENT FOR TRAVEL AND LIVING EXPENSES WITHIN 30 BUSINESS DAYS AFTER SUBMITTAL OF AN INVOICE ALONG WITH COPIES OF THE CHARGES PAID BY THE AWARDEE FOR TRANSPORTATION OR LIVING EXPENSES OR BOTH. SUBMITTAL OF AN INVOICE REQUESTING REIMBURSEMENT FOR TRAVEL EXPENSES SHALL BE ACCOMPANIED BY A BRIEF WRITTEN REPORT SUMMARIZING THE MEETING THAT WAS ATTENDED, THE AWARDEE'S PARTICIPATION IN THE MEETING, AND THE ASSIGNMENTS THAT THE AWARDEE AGREED TO UNDERTAKE FOR THE WORKING

Page 5

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

GROUP(S).

O. F.V. HUNT POSTDOCTORAL RESEARCH FELLOWSHIP IN ACOUSTICS - THE COMMITTEE ON PRIZES AND SPECIAL FELLOWSHIPS EVALUATES AND RANK ORDERS APPLICATIONS FOR THE HUNT FELLOWSHIP AND SHALL PRESENT TO THE EXECUTIVE COUNCIL, AT THE FALL MEETING FOLLOWING THE APPLICATION DEADLINE, THE FINAL LIST OF CANDIDATES WITH THE PREFERENCE INDICATED BY THE FINAL COMMITTEE VOTE. THE EXECUTIVE COUNCIL SHALL THEN DETERMINE THE RECIPIENT OF THE F.V. HUNT POSTDOCTORAL RESEARCH FELLOWSHIP IN ACOUSTICS. THE RECIPIENT OF THE FELLOWSHIP WILL BE NOTIFIED NO LATER THAN 1 JANUARY OF THE RECIPIENT DETERMINED BY THE COUNCIL SHALL THE FELLOWSHIP YEAR. ACCEPT THE FELLOWSHIP WITHIN TWO WEEKS FOLLOWING NOTIFICATION OF SELECTION, OR THE SELECTION SHALL BE RESCINDED AND THE REMAINING FINALIST, IF ANY, WHO RECEIVED THE HIGHEST PREFERENCE INDICATED BY THE FINAL COMMITTEE VOTE SHALL BE DECLARED THE RECIPIENT. THIS SELECT/ACCEPT PROCEDURE SHALL BE FOLLOWED UNTIL EITHER THERE IS AN ACCEPTANCE OR THE FINAL LIST IS EXHAUSTED AND THE FELLOWSHIP IS NOT AWARDED.

THE ASA NORMALLY WILL PAY THE STIPEND AND REIMBURSEMENT OF ALLOWABLE EXPENSES DIRECTLY TO THE HUNT FELLOW, AND WILL ISSUE A FORM 1099 FOR THE CALENDAR YEAR FOR TAX-REPORTING PURPOSES. WHEN THE HUNT FELLOW ACCEPTS THE FELLOWSHIP, A LETTER WILL BE SENT OUTLINING THE PAYMENT SCHEDULE, BASED UPON THE TERM OF THE FELLOWSHIP, WHICH CAN BE MODIFIED BY THE TREASURER IF IT DOES NOT MEET THE NEEDS OF THE FELLOW OR IF PERMISSION IS GRANTED TO CHANGE THE TIMING OF THE FELLOWSHIP YEAR. IF THE HOST INSTITUTION REQUIRES THAT THE FELLOW BE PAID DIRECTLY BY THE INSTITUTION IN ORDER FOR MEDICAL BENEFITS TO BE PROVIDED, OR FOR ANY OTHER VALID

Part V | Supplemental Information

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

REASON, STIPEND PAYMENTS WILL BE MADE THROUGH THE HOST INSTITUTION. IN SUCH CASES, THE TERMS AND PAYMENT SCHEDULE WILL BE NEGOTIATED WITH THE HOST INSTITUTION AND A FORMAL MOU WILL BE ADOPTED. IN INSTANCES WHERE AN MOU IS ADOPTED, IT WILL INCLUDE A PROVISION SPECIFYING THAT NO ADMINISTRATIVE OR OVERHEAD CHARGES MAY BE DEDUCTED FROM THE FELLOWSHIP STIPEND. ASA WILL HANDLE THE PAYMENT OF EXPENSE REIMBURSEMENT DIRECTLY TO THE FELLOW UPON SUBMISSION OF RECEIPTS UNLESS THERE IS GOOD REASON FOR THE HOST INSTITUTION TO DO SO. [NOTE: THE EXPENSE PORTION OF THE FELLOWSHIP MAY NOT BE USED TO PURCHASE CAPITAL EXPENSE ITEMS SUCH AS COMPUTERS AND OTHER EQUIPMENT.]

P. WOMEN IN ACOUSTICS TRAVEL GRANTS - THE COMMITTEE ON WOMEN IN ACOUSTICS (WIA) SPONSORS YOUNG INVESTIGATOR TRAVEL GRANTS TO HELP WITH TRAVEL COSTS ASSOCIATED WITH PRESENTING A PAPER AT THE ASA MEETING. YOUNG PROFESSIONALS WHO HAVE COMPLETED THEIR DOCTORATE IN THE PAST FIVE YEARS ARE ELIGIBLE TO APPLY IF THEY PLAN TO PRESENT A PAPER AT THE ASA MEETING FOR WHICH THE AWARDS ARE OFFERED.

PART I, LINE 3:

THE METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL METHOD.

PART I, LINE 2, MONITORING:

RECIPIENTS OF SOME ASA GRANTS, SCHOLARSHIPS, AND FELLOWSHIPS ARE FURTHER REQUIRED TO SUBMIT REPORTS ON THE PROGRESS OF THEIR WORK UNDER THE GRANT, SCHOLARSHIP, OR FELLOW. THE REPORTS ARE REVIEWED BY THE STAFF OF ASA.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization ACOUSTICA | L SOCIETY | OF AMERICA | | | | | Employer identification number 13-6161132 |
|---|------------|---|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | | 01 111111111111111111111111111111111111 | | | | | 13 0101131 |
| Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- | stance? | | | | - | | |
| Part II Grants and Other Assistance to I recipient that received more than 9 | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| NATIONAL HEARING CONSERVATION ASSOCIATION - 2851 S PARKER ROAD - | | | | | | | |
| AURORA, CO 80014 | 59-1690247 | 501(C)(6) | 6,000. | 0. | | | MEETING SPONSORSHIP |
| UNIVERITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS, TN 38152 | 62-6048540 | 501(C)(3) | 30,000. | 0. | | | WEST MINORITY FELLOWSHIP |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations | • | • | e line 1 table | | | | |

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

Schedule I (Form 990) 2023

| Schedule I (Form 990) 2023 ACOUSTICAL SOCI | ETY OF A | MERICA | | | 13-6161132 | Page |
|--|--------------------------|--------------------------|---------------------------------------|---|------------------------------|-----------|
| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | e organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | | <u> </u> |
| (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 noncash a | ssistance |
| | | | | | | |
| STUDENT UNDERGRADUATE RESEARCH INTERNSHIP IN | | | | | | |
| ACOUSTICS | 22 | 73,991. | 0. | | | |
| | | | | | | |
| STUDENT COUNCIL TRAVEL GRANT | 17 | 22,818. | 0. | | | |
| | | | | | | |
| EARLY CAREER TRAVEL GRANTS | 29 | 15,268. | 0. | | | |
| | | | | | | |
| BEST PAPER AWARDS | 38 | 10,250. | 0. | | | |
| | | | | | | |
| MEETING TRAVEL GRANT | 16 | 7,070. | 0. | | | |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | ie 2; Part III, column | (b); and any other ac | dditional information. | | |
| PART I, LINE 2: | | | | | | |
| FOR ASA-FUNDED FELLOWSHIPS, THE ASA | A EXECUTI | VE COUNCII | SETS A BU | DGET FOR THE | | |
| FELLOWSHIP STIPENDS EACH YEAR UPON | | | | | | |
| | 110 1 1 1 | 11011 11111 110 | oodiidii b | 001211 | | |
| FOUNDATION BOARD. | | | | | | |
| | | | | | | |
| THE SOCIETY HAS ESTABLISHED PROCED | URES FOR | THE SELECT | TION OF REC | IPIENTS OF | | |
| GRANTS THAT INCLUDES APPLICATION FO | ORMS WHIC | CH APPLICAN | ITS ARE REQ | UIRED TO | | |
| COMPLETE AND SUBMIT FOR EACH GRANT | . FOR SCH | OLARSHIPS, | GRANTS, A | ND | | |
| FELLOWSHIPS, THE APPLICANTS ARE REC | | | | | | |
| THEOMOTITIO, THE ALTHICANTO AND NEW | ZOTICHO IC | , TT4CTCDT T | OT/11/12 T T OIM | | | |

| Part III Continuation of Grants and Other Assistance to Domes | tic Individuals(| Schedule I (Form 99 | 0), Part III.) | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (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 noncash assistance |
| VOLDIG TANDEST GLEON AVAIND | | C 000 | | | |
| YOUNG INVESTIGATOR AWARD | 8. | 6,000. | 0. | | |
| DEPENDENT CARE GRANT | 8. | 5,000. | 0. | | |
| INTERNATIONAL SCIENCE AND ENGINEERING FAIR AWARD | 7. | 3,200. | 0. | | |
| STANDARDS TRAVEL AWARD | 1. | 1,500. | 0. | | |
| | | , | | | |
| ACOUSTICS AWARD | 3. | 900. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV | Supplemental Information

EDUCATIONAL BACKGROUND, A DESCRIPTION OF THE WORK THEY PLAN TO DO IF THEY

ARE SELECTED, AND THE LOCATION WHERE THE WORK IS TO BE CONDUCTED.

APPLICANTS ARE FURTHER REQUIRED TO ARRANGE FOR SUBMISSION OF LETTERS OF

RECOMMENDATION FROM THEIR PROFESSORS AND/OR COLLEAGUES IN THE FIELD. THE

APPLICATIONS ARE REVIEWED BY A COMMITTEE OF INDIVIDUALS WHO ARE EXPERT IN

THE FIELD OF THE FELLOWSHIP AND THEIR RECOMMENDATION IS SUBMITTED TO THE

ASA PRIZES AND SPECIAL FELLOWSHIPS COMMITTEE WHICH IN TURN RECOMMENDS THE

RECIPIENT TO THE EXECUTIVE COUNCIL. THE EXECUTIVE COUNCIL APPROVES THE

SELECTION OF ALL GRANT, SCHOLARSHIP AND FELLOWSHIP RECIPIENTS. RECIPIENTS

OF SOME ASA GRANTS, SCHOLARSHIPS, AND FELLOWSHIPS ARE FURTHER REQUIRED TO

SUBMIT REPORTS ON THE PROGRESS OF THEIR WORK UNDER THE GRANT, SCHOLARSHIP,

OR FELLOWSHIP. PAYMENT OF SOME GRANT FUNDS ARE MADE IN INSTALLMENTS TO THE

RECIPIENTS EITHER DIRECTLY FROM ASA OR THROUGH THE RECIPIENTS'

INSTITUTIONS.

ASA HAS ESTABLISHED PROCEDURES FOR THE SELECTION OF RECIPIENTS OF PRIZES

THAT INCLUDES FORMS WHICH NOMINEES ARE REQUIRED TO COMPLETE AND SUBMIT FOR

EACH PRIZE. THE NOMINEES ARE REQUIRED TO INCLUDE INFORMATION ABOUT

EDUCATIONAL BACKGROUND, EVIDENCE OF THE NOMINEE'S WORK IN THE AREA COVERED

BY THE PRIZE, AND LETTERS OF RECOMMENDATION AND OR SUPPORT OF THE

NOMINATION. THE NOMINATIONS ARE REVIEWED BY A COMMITTEE OF INDIVIDUALS WHO

ARE EXPERT IN THE FIELD OF THE PRIZE AND THEIR RECOMMENDATION IS SUBMITTED

TO THE ASA PRIZES AND SPECIAL FELLOWSHIPS COMMITTEE WHICH IN TURN

RECOMMENDS THE RECIPIENT TO THE EXECUTIVE COUNCIL. THE EXECUTIVE COUNCIL

APPROVES THE SELECTION OF ALL GRANT, PRIZE, SCHOLARSHIP AND FELLOWSHIP

RECIPIENTS. THE ASA PRIZES ARE AWARDED AT A MEETING OF THE SOCIETY WHICH

THE RECIPIENT MUST ATTEND AND PRESENT A PRIZE LECTURE.

Schedule I (Form 990)

| Part IV Supplemental Information |
|--|
| FOR TRAVEL GRANTS, APPLICANTS MUST SUBMIT A DESCRIPTION OF THEIR PLANS FOR |
| ATTENDANCE AT THE EVENT FOR WHICH ASA SUPPORT IS OFFERED. TO RECEIVE THE |
| TRAVEL FUNDS, RECIPIENTS MUST PICK UP THEIR CHECKS AT THE EVENT ITSELF OR |
| MUST SUBMIT TRAVEL EXPENSE REIMBURSEMENT REQUESTS WITH RECEIPTS AFTER THE |
| EVENT. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ACOUSTICAL SOCIETY OF AMERICA

Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 13-6161132$

| | | | V | NI. | | | | |
|---|--|----|-----|-----|--|--|--|--|
| | | | Yes | No | | | | |
| та | 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. | | | | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | | |
| | Discretionary spending account Personal services (such as 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 | 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | | | | | | |
| | | | | | | | | |
| 3 | Indicate which, if any, of the following the 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. | | | | | | | |
| | X Compensation committee Written employment contract | | | | | | | |
| | Independent compensation consultant Compensation survey or study | | | | | | | |
| | X Form 990 of other organizations X 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: | | | Х | | | | |
| а | a Receive a severance payment or change-of-control payment? | | | | | | | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | | | | | | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | |
| | | | | | | | | |
| | Only section 501(c)(3), 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: | | | | | | | |
| а | The organization? | 5a | | X | | | | |
| b | Any related organization? | 5b | | X | | | | |
| | 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: | | | | | | | |
| а | The organization? | 6a | | X | | | | |
| b | Any related organization? | 6b | | X | | | | |
| | 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 on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х | | | | |
| 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 | | X | | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | | | |
| | Regulations section 53.4958-6(c)? | 9 | | | | | | |

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

Schedule J (Form 990) 2023

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 aren't 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.

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099- compensation | | compensation other deferred benefits | | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|-------------------------|------|--|-------------------------------------|--------------------------------------|--------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) SUSAN E. FOX | (i) | 293,077. | 0. | 8,078. | 29,308. | 15,870. | 346,333. | 0. | |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) ELAINE MORAN | (i) | 216,589. | 0. | 9,369. | 21,659. | 20,170. | 267,787. | 0. | |
| | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) NANCY BLAIR-DELEON | (i) | 168,017. | 0. | 1,465. | 16,905. | 59,396. | 245,783. | 0. | |
| STANDARDS MANAGER | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) ELIZABETH A. BURY | (i) | 110,155. | 0. | 222. | 11,619. | 64,396. | 186,392. | 0. | |
| SENIOR MANAGING EDITOR | ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) MICHAEL R. MCGOVERN | (i) | 128,771. | 0. | 1,647. | 13,016. | 37,126. | 180,560. | 0. | |
| FINANCE DIRECTOR (| ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| (| (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | ii) | | | | | | | | |

| Part III Supplemental Information | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| rovide 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. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACOUSTICAL SOCIETY OF AMERICA

Employer identification number

13-6161132 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SOCIAL EVENTS INCLUDE A RECEPTION FOR ALL DEPENDENT CARE GRANTS. ATTENDEES, A STUDENTS RECEPTION AND A WOMEN IN ACOUSTICS LUNCHEON. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ITS USES AND CONTROL MAGAZINE, AND SOUND MAGAZINE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OUTREACH TO SCIENCE REPORTERS IS PROVIDED VIA PRESS CONFERENCES BROADCAST LIVE OVER THE INTERNET. REPORTERS CAN PARTICIPATE IN THESE PRESS CONFERENCES AND INTERACT WITH THE PRESENTERS. PRIOR TO THE MEETING PRESS RELEASES AND LAY VERSIONS OF PRESENTATIONS ARE MADE AVAILABLE ON THE ASA WEBSITE, ACOUSTICS.ORG. ASA SPONSORS BIENNIAL SCIENCE COMMUNICATION AWARDS FOR PROFESSIONALS IN ACOUSTICS AND FOR JOURNALISTS WHICH ARE INTENDED TO RECOGNIZE EXCELLENCE IN THE PRESENTATION OF ACOUSTICS RELATED TOPICS TO A POPULAR AUDIENCE. CASH PRIZES AND TRAVEL SUPPORT TO AN ASA MEETING ARE PROVIDED TO WINNING ENTRIES.

ASA AUTHORIZES THE FORMATION OF REGIONAL AND STUDENT CHAPTERS WHICH PROVIDE OUTREACH TO ACOUSTICIANS ACROSS THE UNITED STATES. THESE GROUPS HOLD PERIODIC MEETINGS FOR ACOUSTICS STUDENTS AND PROFESSIONALS AND DEMONSTRATION SESSIONS FOR K-12 STUDENTS. ASA PROVIDES ANNUAL FINANCIAL SUPPORT FOR CHAPTER ACTIVITIES.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization ACOUSTICAL SOCIETY OF AMERICA 13-6161132 ASA PROVIDES A PROGRAM OF FELLOWSHIPS, SCHOLARSHIPS, AWARDS AND GRANTS FOR STUDENTS AND POST-DOCTORAL RESEARCHERS WORKING IN THE FIELD OF ACOUSTICS. THESE INCLUDE THE FREDERICK V. HUNT POSTDOCTORAL RESEARCH FELLOWSHIP IN ACOUSTICS, THE LEO AND GABRIELLA BERANEK SCHOLARSHIP IN ARCHITECTURAL ACOUSTICS AND NOISE CONTROL, RAYMOND H. STETSON SCHOLARSHIP IN PHONETICS AND SPEECH SCIENCE, THE FRANK AND VIRGINIA WINKER MEMORIAL SCHOLARSHIP FOR GRADUATE STUDY IN ACOUSTICS, THE ROBERT W. YOUNG AWARD FOR UNDERGRADUATE STUDENT RESEARCH IN ACOUSTICS, THE ACOUSTICAL OCEANOGRAPHY TRAVEL AWARD, THE ROBERT B. NEWMAN MEDAL, THE WENGER PRIZE, AND THE ROYSTER AWARD. THESE AWARDS INCLUDE STIPENDS OF VARIOUS AMOUNTS, AND SOME INCLUDE TRAVEL SUPPORT TO ATTEND ASA MEETINGS. SINCE 1993 ASA HAS PROVIDED THE JAMES E. WEST FELLOWSHIP TO A STUDENT IN THE US WHO IS A MEMBER OF ONE OF THE FOLLOWING UNDERREPRESENTED GROUPS IN SCIENCE: AFRICAN AMERICAN, HISPANIC AMERICAN, OR NATIVE AMERICAN. THE GRANT PROVIDES AN ANNUAL STIPEND, PLUS TRAVEL SUPPORT TO ATTEND AN ASA MEETING. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDE: - STANDARDS THE FOUNDATION FUND - BOOKS - ACOUSTICS TODAY EXPENSES \$ 1,394,695. INCL GRANTS OF \$ 243,126. REVENUE \$ 1,166,894. FORM 990, PART VI, SECTION A, LINE 6:

THE ASA HAS ABOUT 5,800 MEMBERS CLASSIFIED EITHER AS FELLOWS, MEMBERS,
ASSOCIATES OR STUDENTS. ONLY FELLOWS AND MEMBERS HAVE THE RIGHT TO ELECT

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number ACOUSTICAL SOCIETY OF AMERICA 13-6161132

THE GOVERNING BODY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

FELLOWS AND MEMBERS ARE ELIGIBLE TO VOTE IN ASA ELECTIONS FOR

PRESIDENT-ELECT, VICE PRESIDENT-ELECT, TREASURER AND MEMBERS OF THE

EXECUTIVE COUNCIL. THEY ALSO ARE ELIGIBLE TO VOTE ON BYLAWS CHANGES.

MEMBERS DO NOT RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES

OR A SHARE OF THE ASA'S NET ASSETS UPON THE ASA'S DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE RIGHT TO AMEND THE ORGANIZATION'S BYLAWS IS SUBJECT TO APPROVAL BY A 2/3 VOTE OF THE MEMBERS AND FELLOWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM.

IT IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER. A COMPLETE

COPY IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR

THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASA EXECUTIVE DIRECTOR DISTRIBUTES A "CONFLICT OF INTEREST" FORM TO

EACH MEMBER (DIRECTORS) OF THE EXECUTIVE COUNCIL, ANNUALLY, AT MEETINGS OF

THE EXECUTIVE COUNCIL. THE FORMS ARE COLLECTED AND RETAINED BY THE

EXECUTIVE DIRECTOR. THE POLICY CURRENTLY MANDATES THAT ALL MEMBERS ANNUALLY

SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL

CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS

SUBMITTED TO THE EXECUTIVE DIRECTOR WHO REVIEWS THE SIGNED ATTESTATIONS FOR

POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF

Schedule O (Form 990) 2023 Page 2

Name of the organization

ACOUSTICAL SOCIETY OF AMERICA

INTEREST EXISTS, THE EXECUTIVE DIRECTOR WILL NOTIFY THE PRESIDENT OR THE

EXECUTIVE COUNCIL ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE

RESULT OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE

EXECUTIVE DIRECTOR AND BE REPORTED TO THE EXECUTIVE COUNCIL. IF THE

EXECUTIVE DIRECTOR ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS, THE

EXECUTIVE COUNCIL WILL BE NOTIFIED IMMEDIATELY AND THAT INDIVIDUAL WILL NOT

TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE IS NO

BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH

FORM 990, PART VI, SECTION B, LINE 15:

LONGER A CONFLICT.

THE ASA COMMITTEE ON COMPENSATION AND CONTRACTS MEETS ANNUALLY IN THE EARLY FALL TO REVIEW EACH PAID OFFICER'S SALARY AND THE SALARIES OF EACH EMPLOYEE. SUPERVISORS ARE REQUIRED TO SUBMIT EVALUATIONS FOR EACH EMPLOYEE FOR REVIEW AT THE MEETING OF THE COMMITTEE. THE COMMITTEE THEN MAKES RECOMMENDATIONS FOR SALARIES AND COMPENSATION OF OFFICERS AND EMPLOYEES TO THE FULL EXECUTIVE COUNCIL WHICH VOTES TO APPROVE, DISAPPROVE, OR AMEND THE RECOMMENDATIONS AND TO AUTHORIZE THEIR COMPENSATION AT THE EARLY FALL MEETING. THE 2023 SALARIES REFLECTED IN THIS RETURN WERE APPROVED AT THE FALL 2022 MEETING AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

ACOUSTICAL SOCIETY OF AMERICA MAKES ITS FORM 990 AVAILABLE FOR PUBLIC

INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY

HAVING THE FORM 990 AVAILABLE ON ITS OWN WEBSITE AND OTHER WEBSITES SUCH AS

GUIDESTAR.ORG. IN ADDITION, THE FORM 990 AS WELL AS THE

CONFLICT-OF-INTEREST POLICY, ARTICLES OF INCORPORATION, BYLAWS AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 | Page |
|---|---|
| Name of the organization ACOUSTICAL SOCIETY OF AMERICA | Employer identification number 13-6161132 |
| | |
| FORM 990, PART VII, SECTION B, LINE 1: | |
| THE REIMBURSEMENT PAID TO AMERICAN INSTITUTE OF PHYSICS D | URING 2023 |
| INCLUDED SALARIES AND BENEFITS PAID TO ASA EMPLOYEES. | |
| | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| VENDOR MANAGEMENT FEE: | |
| PROGRAM SERVICE EXPENSES | 8,157. |
| MANAGEMENT AND GENERAL EXPENSES | 7,092. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 15,249. |
| | _ |
| OTHER PROFESSIONAL FEES: | _ |
| PROGRAM SERVICE EXPENSES | 290,516. |
| MANAGEMENT AND GENERAL EXPENSES | 36,429. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 326,945. |
| INDEPENDENT CONTRACTORS: | |
| PROGRAM SERVICE EXPENSES | 375,878. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 375,878. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 718,072. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST | 24,721. |
| 332212 11-14-23 | Schedule O (Form 990) 202 |

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization ACOUSTICAL SOCIETY OF AMERICA | Employer identification number 13-6161132 |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI | TY FOR |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL | ECTION OF AN |
| INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM | THE PRIOR |
| YEAR. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

EXTENDED TO NOVEMBER 15, 2024

| Form | 990-T | E | OMB No. 1545-0047 | | | |
|-------------|-------------------------------|------------|--|----------------------|-------|--|
| | | | xempt Organization Business Incom (and proxy tax under section 6033(e) | | | 0000 |
| | | For ca | lendar year 2023 or other tax year beginning, and ending | - | | 2023 |
| Departm | ent of the Treasury | | Go to www.irs.gov/Form990T for instructions and the lates | | F | |
| | Revenue Service | | Do not enter SSN numbers on this form as it may be made public if your org | ` ', ' | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A | Check box if address changed. | | Name of organization (Check box if name changed and see instructio | ns.) | D Emb | oloyer identification number |
| | mpt under section | Print | ACOUSTICAL SOCIETY OF AMERICA | | | 3-6161132 |
| X | 501(c)(3) | 10 Tvpo | Number, street, and room or suite no. If a P.O. box, see instructions. | | E Gro | up exemption number instructions) |
| | 408(e) 220(e) | Type | 1305 WALT WHITMAN RD., 110 | | 1 | |
| | 408A 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | 529(a) 529A | | MELVILLE, NY 11747 | | F | Check box if |
| | | | _ | 59,331. | _ | an amended return. |
| G CI | neck organization t | ype | X 501(c) corporation 501(c) trust 401(a) trust | Other trust | State | college/university |
| | | | 6417(d)(1)(A) Applicable entity | | | |
| | neck if filing only to | | | | | unt from Form 3800 |
| | | | ation filing a consolidated return with a 501(c)(2) titleholding corporate | | | 1 |
| | | | ed Schedules A (Form 990-T) | | | Yes X No |
| | | | e corporation a subsidiary in an affiliated group or a parent-subsidiary d identifying number of the parent corporation | controlled group? | | Yes A NO |
| | ne books are in car | | ELAINE MORAN, DIRECTOR OF OPERAT TO | llenhone number (| 516 |) 576-2360 |
| Par | | | d Business Taxable Income | repriorie nambei (| 310 | 7 310 2300 |
| 1 | Total of unrelated | husin | ess taxable income computed from all unrelated trades or businesses | s (see instructions) | 1 | 5,400. |
| 2 | | | | | 2 | 2,7233 |
| 3 | | | | | 3 | 5,400. |
| 4 | Charitable contrib | outions | (see instructions for limitation rules) STMT 1 STMT | 1 2 | 4 | 0. |
| 5 | | | s taxable income before net operating losses. Subtract line 4 from line | | 5 | 5,400. |
| 6 | | | ting loss. See instructions STAT | | 6 | 5,400. |
| 7 | | | ess taxable income before specific deduction and section 199A dedu | | | |
| | Subtract line 6 fro | m line | 5 | | 7 | |
| 8 | Specific deduction | n (gen | erally \$1,000, but see instructions for exceptions) | | 8 | 1,000. |
| 9 | Trusts. Section 1 | 99A d | eduction. See instructions | | 9 | |
| 10 | Total deductions | . Add | lines 8 and 9 | | 10 | 1,000. |
| 11 | | | table income. Subtract line 10 from line 7. If line 10 is greater than li | ne 7, enter zero | 11 | 0. |
| Par | II Tax Com | | | | | |
| 1 | | | as corporations. Multiply Part I, line 11 by 21% (0.21) | | 1 | 0. |
| 2 | | | rates. See instructions for tax computation. Income tax on the amou | ınt on | | |
| | | | Tax rate schedule or Schedule D (Form 1041) | | 2 | |
| 3 | Proxy tax. See in | | | | 3 | |
| 4 | | | instructions | | 4 | |
| 5 | Alternative minim | um tax | | | 5 | |
| 6 | | | acility income. See instructions | | 7 | 0. |
| 7 Part | | | gh 6 to line 1 or 2, whichever applies | | | <u> </u> |
| 1a | | | orations attach Form 1118; trusts attach Form 1116) | | | |
| b | Other credits (see | | \ | | 1 | |
| c | , | | Attach Form 3800 (see instructions) 16 | | 1 | |
| d | | | mum tax (attach Form 8801 or 8827) | | 1 | |
| e | Total credits. Ad | | | • | 1e | |
| 2 | | | ırt II, line 7 | | 2 | 0. |
| | Amount due from | | 1 | 1 | | |
| b | Amount due from | | | | | |
| С | Amount due from | Form | | | | |
| d | Amount due from | Form | | | | |
| е | Other amounts de | ue (see | | | | |
| f | Total amounts du | e. Add | lines 3a through 3e | | 3f | 0. |
| 4 | Total tax. Add lin | es 2 aı | nd 3f (see instructions). Check if includes tax previously deferre | ed under | | |
| | section 1294. E | inter ta | x amount here | | 4 | 0. |
| 5 | | | lity paid from Form 965-A, Part II, column (k) | | 5 | 0. |

m 000-T (2023)

| Dort I | | | | | | | | | F | age 2 |
|---------|--------|--|---|-----------------|----------------|---------------------|-------------------------|-------------------------------|------|---------|
| Part I | | Tax and Payments (continu | | T . | _ | | | | | |
| | • | ents: Preceding year's overpayme | • | <u>6</u> | a | | - | | | |
| | | nt year's estimated tax payments | | | | | | | | |
| | | | | | | | - | | | |
| | | | hald at account (and instructions) | | | | - | | | |
| | | | held at source (see instructions) | | d | | - | | | |
| | | | nce premiums (attach Form 8941) | | | | - | | | |
| | | | Form 3800 | | f | | - | | | |
| | | | | | | | - | | | |
| | | | | | | | - | | | |
| | | | | | | | - | | | |
| | | | 6j | | | | 7 | | | |
| | | • • | Ola I - if F 0000 i | | | | 8 | | | |
| | | | al of lines 4, 5, and 8, enter amount owe | | | | 9 | | | |
| | | | e total of lines 4, 5, and 8, enter amount | | | | 10 | | | |
| | | the amount of line 10 you want: | | . ovorpaia į | | Refunded | 11 | | | |
| Part I | | | ertain Activities and Other Info | rmation | (see instru | | | | | |
| 1 | | | ear, did the organization have an interes | | | | | | Yes | No |
| | | , | es, or other) in a foreign country? If "Yes | ū | | • | | | | |
| | | | ank and Financial Accounts. If "Yes," en | | | | | | | |
| | here | - | | | | | | | | Х |
| 2 | During | g the tax year, did the organizatio | n receive a distribution from, or was it th | ne grantor o | , or transf | eror to, a | | | | |
| | foreig | n trust? | | | | | | | | Х |
| | | | s the organization may have to file. | | | | | | | |
| 3 | Enter | the amount of tax-exempt interes | t received or accrued during the tax yea | ır | | \$ | | | | |
| 4 | Enter | available pre-2018 NOL carryover | rs here \$ <u>37,821.</u> D | o not includ | e any pos | t-2017 NOL ca | rryover | | | |
| | show | n on Schedule A (Form 990-T). Do | n't reduce the NOL carryover shown he | re by any de | eduction re | eported on Par | t I, line | 6. | | |
| 5 | Post-2 | 2017 NOL carryovers. Enter the B | usiness Activity Code and available pos | t-2017 NOL | carryover | s. Don't reduce |) | | | |
| | the ar | mounts shown below by any NOL | claimed on any Schedule A, Part II, line | 17 for the t | ax year. S | ee instructions | | | | |
| | | Business Act | | | Available p | oost-2017 NOL | | | | |
| | | | 540000 | \$ | | | 47,3 | 318. | _ | |
| | | | | \$ | | | | | | |
| | | | | \$ | | | | | | |
| | | | | \$ | | | | | | |
| 6 a | Reser | ved for future use | | | | | | | | |
| | | ved for future use | | | | | | | | |
| Part \ | | Supplemental Information | | | | | | | | |
| Provide | any a | dditional information. See instruct | tions. | | | | | | | |
| | | | | | | | | | | |
| | Ur | nder penalties of periury. I declare that I have | examined this return, including accompanying schedu | les and stateme | nts, and to th | e best of my knowle | dge and b | elief, it is tru | e. | |
| Sign | | | other than taxpayer) is based on all information of which | | | | | , | , | |
| Here | | | ਸਕੂਸ਼ਾ | ASUREF |) | | - | discuss thi | | vith |
| | Si | ignature of officer | Date Title | MOORLI | _ | _ | e prepare structions | r shown belo)? X v | es | No |
| | | Print/Type preparer's name | Preparer's signature | Date | | | f PTII | | 00 | 110 |
| D. C. | | Trinivitype preparer smanle | Treparer 5 Signature | Date | | self-employed | " ' ' ' ' | V | | |
| Paid | | EVA MRUK | EVA MRUK | 11/1 | .8/24 | Jon Jilipiuyeu | P | 00543 | 254 | |
| Prepa | | | NNOR DAVIES ADVISORY | | , | Firm's EIN | | 7-323 | | 6 |
| Use O | niy | | RK AVENUE, 12TH FLOOR | | | I IIIII 3 LIIV | | | | |
| | | | RK, NY 10167 | | | Phone no. 2 | 12- | 286-2 | 600 | |
| | | | , | | | | | | OO T | <i></i> |

Form **990-T** (2023)

| FORM 990-T | CONTRIBUTIONS | STATEMENT 1 |
|--------------------------------|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| 50% CASH ONLY | N/A | 36,000. |
| TOTAL TO FORM 990-T, PART I, L | 36,000. | |

| TODY 000 F | | | C | |
|---------------------------------------|--------------------|---------|-----------|---|
| FORM 990-T CON | TRIBUTIONS SUMMARY | | STATEMENT | 2 |
| | | | | |
| QUALIFIED CONTRIBUTIONS SUBJEC | T TO 100% LIMIT | | | |
| QUALIFIED CONTRIBUTIONS SUBJEC | CT TO 25% LIMIT | | | |
| CARRYOVER OF PRIOR YEARS UNUSE | TO COMPRIBIIMTONG | | | |
| FOR TAX YEAR 2018 | 61,645 | | | |
| FOR TAX YEAR 2019 | 01,043 | | | |
| FOR TAX YEAR 2020 | 85,000 | | | |
| FOR TAX YEAR 2021 | 05,000 | | | |
| FOR TAX YEAR 2022 | 131,867 | | | |
| | | | | |
| TOTAL CARRYOVER | | 278,512 | | |
| TOTAL CURRENT YEAR 10% CONTRIE | BUTIONS | 36,000 | | |
| MOMAL COMMUNICATIONS ASSAULT AND D | - | 214 512 | _ | |
| TOTAL CONTRIBUTIONS AVAILABLE | D THOMBD | 314,512 | | |
| TAXABLE INCOME LIMITATION AS A | ADJUSTED _ | 0 | _ | |
| EXCESS CONTRIBUTIONS | | 314,512 | | |
| EXCESS 100% CONTRIBUTIONS | | 0 | | |
| TOTAL EXCESS CONTRIBUTIONS | | 314,512 | | |
| | - | | = | |
| ALLOWABLE CONTRIBUTIONS DEDUCT | TION | | | 0 |
| TOTAL CONTRIBUTION DEDUCTION | | | | 0 |
| · · · · · · · · · · · · · · · · · · · | | | | |

| FORM 990-T | | PRE 2018 NOL SCHE | DULE | STATEMENT 3 |
|--|---|--|--------------------------------|--|
| | NOL CARRY FORWARD | FROM PRIOR YEAR LUDED IN PART I, L | INE 6 | 37,821. 5,400. |
| SCHEDULE A | A PORTION OF PRE- A ENTITY | 2018 NOL SCHEDULE A | SHARE | |
| | 1 | | 0. | |
| | | | | |
| NET OPERAT BALANCE AS EXPIRING N | EDULE A SHARE OF TING DEDUCTION FTER PRE-2018 NOL VET OPERATING LOS VARD OF NET OPERA | DEDUCTION SES | | 0. 5,400. 0. 0. 32,421. |
| NET OPERAT BALANCE AS EXPIRING N | TING DEDUCTION FTER PRE-2018 NOL NET OPERATING LOS NARD OF NET OPERA | DEDUCTION SES | LOSS DEDUCTION | 5,400. 0. 0. |
| NET OPERAT BALANCE AS EXPIRING N CARRY FORV | TING DEDUCTION FTER PRE-2018 NOL NET OPERATING LOS NARD OF NET OPERA | DEDUCTION SES TING LOSS | LOSS DEDUCTION LOSS REMAINING | 5,400. 0. 0. 32,421. |
| NET OPERATE BALANCE AS EXPIRING NO CARRY FORW | TING DEDUCTION FTER PRE-2018 NOL NET OPERATING LOS WARD OF NET OPERA PRE-2 | DEDUCTION SES TING LOSS 018 NET OPERATING 1 LOSS PREVIOUSLY | LOSS | 5,400. 0. 0. 32,421. STATEMENT 4 |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only B Employer identification number Name of the organization ACOUSTICAL SOCIETY OF AMERICA 13-6161132 540000 **D** Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business SALE OF ADVERTISING SPACE IN JOURNAL. Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 107,392. 107,392. 11 11 Advertising income (Part IX) 7,100. 7,100. Other income (see instructions; attach statement) STMT 12 12 13 114,492. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions

Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 107,392. Excess readership costs (Part IX) 13 13 1,700. Other deductions (attach statement) SEE STATEMENT 6 14 14 109,092. Total deductions. Add lines 1 through 14 15 15

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

Deduction for net operating loss. See instructions

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

16

5,400.

5.400.

16

17

| Part | III Cost of Goods Sold Enter meth | nod of inventory valuati | on | | · | ugo L |
|-----------|---|----------------------------|----------------------------|--------------|-----|--------------|
| 1 | Inventory at beginning of year | - | | - | 1 | |
| 2 | Purchases | | | | 2 | |
| 3 | Cost of labor | | | | 3 | |
| 4 | Additional section 263A costs (attach statement) | | | | 1 | |
| 5 | Other costs (attach statement) | | | | 5 | |
| 6 | Total. Add lines 1 through 5 | | | | 6 | |
| 7 | Inventory at end of year | | | l _ | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | 3 | |
| 9 | Do the rules of section 263A (with respect to property p | • | | | Yes | No |
| Part | | | | | | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check | if a dual-use. See instru | ctions. | | |
| | A | , | | | | |
| | В | | | | | |
| | C | | | | | |
| | D | | | | | |
| | | Α | В | С | D | |
| 2 | Rent received or accrued | | _ | | _ | |
| a | From personal property (if the percentage of | | | | | |
| - | rent for personal property is more than 10% | | | | | |
| | but not more than 50%) | | | | | |
| b | From real and personal property (if the | | | | | |
| D | percentage of rent for personal property exceeds | | | | | |
| | 500/ '(') | | | | | |
| | Total rents received or accrued by property. | | | | | |
| С | , , , , | | | | | |
| | Add lines 2a and 2b, columns A through D | | | | | |
| • | Tatal wants was investigated an assumed Add line On assumes A | thusiah D. Estaubana | and an Dark Libra C. an | l | | 0. |
| 3 | Total rents received or accrued. Add line 2c, columns A | through D. Enter here | and on Part I, line 6, co | iumm (A) | | |
| | Deductions directly connected with the income | | | | | |
| 4 | in lines 2a and 2b (attach statement) | | | | | |
| _ | Total deductions Addition 4 selection Addition D. E. | atau bana and an Barti | line (Constitution (D) | | | 0. |
| 5 Part | Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (se | nter nere and on Part I, | line 6, column (B) | | | <u> </u> |
| | Description of debt-financed property (street address, of | , | hook if a dual was. Cas i | note estima | | |
| 1 | | city, state, ZIP code). Ci | neck if a dual-use. See i | nstructions. | | |
| | A | | | | | |
| | В | | | | | |
| | <u> </u> | | | | | |
| | D | | ь Т | | | |
| | | Α | В | С | D | |
| 2 | Gross income from or allocable to debt-financed | | | | | |
| _ | property | | | | | |
| 3 | Deductions directly connected with or allocable | | | | | |
| | to debt-financed property | | | | | |
| а | Straight line depreciation (attach statement) | | | | | |
| b | Other deductions (attach statement) | | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | | |
| | columns A through D) | | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | | |
| | to debt-financed property (attach statement) | | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | | |
| | financed property (attach statement) | | | | | |
| 6 | Divide line 4 by line 5 | % | % | | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | | |
| 8 | Total gross income (add line 7, columns A through D). | . Enter here and on Par | t I, line 7, column (A) | | | 0. |
| | , | | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | ough D. Enter here and | l on Part I, line 7, colum | n (B) | | 0. |
| 11 | Total dividends-received deductions included in line | | | | | 0. |

| Sched | ule A (Form 990-T) 2023 VI Interest, Annu | iitias R | ovalties and Re | ants Fra | m Contro | lled O | rganization | S (222 | inaturati | iono) | Page | <u>3</u> |
|--------|--|-------------|--|--------------|--|----------------------|--|------------------------------------|---|-------------------------|---|-----------|
| rait | micrest, Allic | aidos, n | Januos, and ne | | 5511110 | | Exempt Contro | , , , , | instructi | | | _ |
| | Name of controlle organization | d | 2. Employer identification number | incon | unrelated ne (loss) structions) | 4. Tota | al of specified nents made | 5. Part that is in controll | of coluntications | nn 4 in the niza- | 6. Deductions direct connected with income in column 5 | |
| (1) | | | | | | | | | , | | | _ |
| (2) | | | | | | | | | | | | _ |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | No | nexempt C | Controlled O | rganizati | ons | | | | | |
| 7 | 7. Taxable Income | ir | Net unrelated acome (loss) e instructions) | 1 | otal of specit yments mad | | 10. Part of that is incontrolling gross | luded in | the | | Deductions directly connected with come in column 10 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | Add colum Enter here line 8, c | | Part I, | Ente | d columns 6 and 11. er here and on Part I, ine 8, column (B). | |
| Totals | | | | | | | | | 0. | | 0 |) . |
| Part | VII Investment | Income | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | nization (s | ee instru | ctions) | | | |
| | 1. Desc | cription of | income | | 2. Amou incor | | 3. Deduction directly connected (attach states | ected (a | 4. Set-attach sta | | 5. Total deduction and set-asides (add cols 3 and 4 | S |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | _ |
| (3) | | | | | | | | | | | | |
| (4) | | | | | Add amou | unto in | | | | | Add amounts in | _ |
| Totals | | | | | Add amor column 2 here and o line 9, colu | . Enter n Part I, | | | | | Add amounts ir column 5. Ente here and on Part line 9, column (E | r t I, |
| Part | | xempt A | ctivity Income, | Other T | han Adve | ertising | g Income | see instr | uctions) | | | _ |
| 1 | Description of exploite | | | | | | | | ĺ | | | _ |
| 2 | Gross unrelated busin | ess incom | e from trade or busir | ness. Ente | r here and o | n Part I, | line 10, colum | n (A) | l | 2 | | |
| 3 | Expenses directly con | nected wit | h production of unre | elated busi | ness income | e. Enter l | here and on Pa | art I, | | | | |
| | line 10, column (B) | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | n unrelated | | Subtract lir | ne 3 from lin | e 2. If a 🤉 | gain, complete | | | 4 | | |
| 5 | Gross income from ac | | | | | | | | | 5 | | _ |
| 6 | Expenses attributable | | | | | | | | | 6 | | _ |
| 7 | Excess exempt expen | | | | | | | | | | | _ |
| | 4. Enter here and on F | | | | | | | | | 7 | | |

Schedule A (Form 990-T) 2023

| | IX Advertising Income | | | | |
|---------|--|----------------------------|--------------------|-----------------|---------------------------------------|
| 1 | Name(s) of periodical(s). Check box if reporting two | or more periodicals on a c | onsolidated basis. | | |
| | A THE ACOUSTICS TODAY MA | GAZINE | | | |
| | В 🔲 | | | | |
| | c | | | | |
| | D | | | | |
| Enter a | amounts for each periodical listed above in the corresp | onding column. | | | |
| | | Α | В | С | D |
| 2 | Gross advertising income | | | | 105.000 |
| | Add columns A through D. Enter here and on Part I, | line 11, column (A) | | | 107,392. |
| а | | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on Part I, | line 11, column (B) | | | 0. |
| | Advantising using (lass). Culaturant line O from line | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line | | | | |
| | For any column in line 4 showing a gain, complete lines 5 through 8. For any column in | | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter -0- on line 8 | 107,392. | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is less | | | | |
| | than line 6, enter -0- | 164,355. | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain on | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the greater of | | | | 407 000 |
| D 1 | Part II, line 13 | T | | | 107,392. |
| Part | X Compensation of Officers, Director | s, and trustees (Se | ee instructions) | • • | 4.0 |
| | 4 Name | 0 Till- | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to unrelated business |
| 1) | | | | to business % | urirelated business |
| 2) | | | | % % | |
| 3) | | | | % | |
| | | | | | |
| 4) | | | | %I | |
| 4) | | | | % | |
| | Enter here and on Part II, line 1 | | | % | 0. |
| | | uctions) | 1 | % | 0. |
| Total | | uctions) | | | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | %i | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | % | 0. |
| Total | | uctions) | | %i | 0. |
| Total | | uctions) | | % | 0. |

| | ' (A) | OTHER | INCOME | | STATEMENT 5 |
|-------------------------|-------------------------|------------------------------------|-----------|-------------------------------|-------------|
| DESCRIPTIO |)N | | | | AMOUNT |
| ONLINE ADV | — 'ERTISING | | | | 7,10 |
| TOTAL TO S | SCHEDULE A, PA | RT I, LINE 12 | | | 7,10 |
| FORM 990-T | ' (A) | OTHER | DEDUCTIO | NS | STATEMENT 6 |
| DESCRIPTIO |)N | | | | AMOUNT |
| TAX PREPAR | ATION FEES | | | | 1,70 |
| | | | | | |
| TOTAL TO S | CHEDULE A, PA | RT II, LINE 14 | | | 1,70 |
| TOTAL TO S 990-T SCH | · | RT II, LINE 14 ST-2017 NET OP | ERATING L | OSS DEDUCTION | 1,70 |
| | · | ST-2017 NET OPI LOSS PREVIOU | S USLY | OSS DEDUCTION LOSS REMAINING | |
| 990-T SCH | A PO LOSS SUSTAI 19,5 | ST-2017 NET OPI | S USLY | LOSS | STATEMENT 7 |