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Par	t IIII Statement of Program Service Accomplishments
1'	Briefly describe the organization's mission: THE MISSION IS TO RAISE PUBLIC AWARENESS AND PROMOTE PUBLIC CONFIDENCE
	AND TRUST IN THE ART THERAPY PROFESSION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 314,150. including grants of \$) (Revenue \$) THE FOUR ISSUES OF ART THERAPY: JOURNAL OF THE AMERICAN ART THERAPY ASSOCIATION AND THE FOUR ISSUES OF THE QUARTERLY NEWSLETTER WERE ISSUED
	TO DISSEMINATE INFORMATION RELATED TO THE LATEST ISSUES, DEVELOPMENTS
	AND CONCERNS RELATING TO ART THERAPY TO OVER 5,000 MEMEBERS AND 300 INSTITUTIONS AND LIBRARIES.
	INSTITUTIONS AND LIBRARIES.
•	
4b	(Code:) (Expenses \$ 181,534. including grants of \$) (Revenue \$)
45	INCREASED PUBLIC AWARENESS AND RECRUITING OF A GREATER NUMBER OF
	PROFESSIONAL ART THERAPISTS WILL ESTABLISH THE STANDARDS FOR THE
	PROFESSION. COMMUNICATING THESE STANDARDS WILL EDUCATE AND INFORM THE GENERAL MEMBERS OF THE PUBLIC. THE ASSOCIATION ALSO HAS AN EDUCATIONAL
	ART THERAPY PROGRAM CERTIFICATION PROCESS THAT ANNUALLY CERTIFIES
	SEVERAL EDUCATIONAL INSTITUTIONS ART THERAPY PROGRAMS.
4c	(Code) (Expenses \$ 580, 404 • including grants of \$) (Revenue \$)
	THE AATA ANNUAL CONFERENCE PROVIDED A FORUM TO APPORXIMATELY 1,000
	MEMBERS OF THE GENERAL PUBLIC AND THE ASSOCIATION TO LEARN, SHARE AND DISCUSS THE ISSUES, CONCERNS AND BENEFITS OF ART THERAPY.
	DISCOSS THE ISSUES, CONCERNS THE BENEFITS OF THE IMMET.
4d	Other program services. (Describe in Schedule O)
	(Expenses \$\frac{10.75}{0.89}\) (Revenue \$\frac{1}{0.75}\)
<u>4e</u>	Total program service expenses ▶\$ 1,076,088.

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Page 3 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)? Х 1 If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X Х 11 as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 5. 2. assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII પુંચી 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 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? 1975 X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2009)

19

20

Х

X

complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Par	t IV. Checklist of Required Schedules (continued)			
	•	Ì	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Ì	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
		23		Х
	Schedule J	-23	 	 **
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	1		- V
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		İ	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		T	1
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
		256		X
	Schedule L, Part I	25b		+
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifier	1	i	X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	├ ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ŀ		1
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	10.00		
	instructions for applicable filing thresholds, conditions, and exceptions)	1.3		4.5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	1
٠	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
		123	+	+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		X
	contributions? If "Yes," complete Schedule M	30	+-	
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	1.
	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		1	
	Schedule N, Part II	32	ļ	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?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
-•	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		t^-	+==
50				X
~~	If "Yes," complete Schedule R, Part V, line 2	36	1	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	╂	+^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	1	1

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O

benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Por all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Por contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Por contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization, file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization, file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization, file a Form 1098-C as required? f Por all contributions of qualified intellectual property did the organization file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization, file a Form 1098-C as required? f Por all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? f Por all contributions of qualified? f Por all contributions of qualified intellectual property did the organization file a Form 1098-C as required? f Por all contributions of cars did the organization file a Form 1098-C as required? f Por all contributions of qualified? f Por al	Form	990 (2009) AMERICAN ART THERAPY ASSOCIATION	36-3823	3033	P	age 5
1a Enter the number reported in Box 3 of Form 1096, Annual Summany and Transmittal of U.S. Information Returns. Enter of in not applicable. 1b Enter the number of Forms W-20 included in line 1a. Enter O if not applicable. 1c Clud the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withymings to pize within the year covered by this return. See acleradary are anding with or within the year covered by this return. See acleradary are anding with or within the year covered by this return (see acleradary are anding with or within the year covered by this return (see and a surplement and 2s in geneter than 250, you may be required federal employment tax returns? 1b If Yes, "has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O If Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O If Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O If Yes," has it field a foreign country (such as a bank account, securities account, or other financial account)? 1b If "Yes," after the name of the foreign country. 1c If "Yes," to line 5a or 5b, did the organization filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1c If "Yes," to line 5a or 5b, did the organization filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1d If "Yes," to line 5a or 5b, did the organization filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1d If "Yes," to line 5a or 5b, did the organization filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1d If "Yes," to line 5a or 5b, did the organization filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1d If "Yes," to line 5a or 5b, did the organization filing Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter T	Par	V Statements Regarding Other IRS Filings and Tax Compliance				
U.S. Information Returns, Enter 0-If not applicable b. Enter the number of Forms W-2G included in line 1 a. Enter 0-If not applicable c) bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 a. 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. 2 b. If at least one is reported on line 28, did the organization file all required feberal employment tax returns? Note. If the sum of lines 1 a and 2 is in greater than 250, you may be required to e-file this return (see instructions) 3 b. If Yes, has it filed a Form 990-T for this year? If No, *provide an explanation in Schedule 0 4 a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 b. If Yes, *has it filed a Form 990-T for this year? If No, *provide an explanation in Schedule 0 4 a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts 5 a. Was the organization aparty to a prohibited tax shelter transaction? 5 b. If Yes, *to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 b. Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinations that were not tax deductible? 7 b. If Yes, *to the payor? 7 b. If Yes, *to the payor? 7 b. If Yes, *to the payor and the payor and the value of the goods or services provided? 7 b. If Yes, *to the organization or cloud with every solicitation an express statement that such contributions or grits were not tax deductible? 8 b. If Yes, *to the payor? 9 b. If Yes, *to the payor and the year of the	•	1	1		Yes	No
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o Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 Did the organization at party to a prohibited tax shelter transaction? 5 Did any tiseable party northy the organization that it was or is a party to a prohibited fix shelter transaction? 5 Did any tiseable party northy the organization that it was or is a party to a prohibited fix shelter transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combishions that were not tax deductible? 7 Did the organization is that may receive deductible contributions under section 170(c). 8 Did the organization shelf were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 9 Did the organization and the section of the salue of the goods or services provided? 9 Did the organization of the payer? 9 Did the organization of the payer? 10 Did the organization of the payer. 11 Did the organization of qualifie		···		_ ,		ľ
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b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year covered by this return? 3 If Yes, 1 has if filed a Form 990-T for this year? If You, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 If Yes, 1 the the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited 1 ax shelter transaction? 5 If Yes, 1 line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 Us the organization and party to a prohibited 1 ax shelter transaction? 5 Us the organization and party to a prohibited 1 ax shelter transaction? 5 Us 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? 5 Us 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? 6 Us the organization have receive deductible contributions under section 170(c). 8 Us the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8822? If ded during the year. 9 Us the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? 10 If Yes, "indicate the number of Forms 8222 filed during the year. 10 Us the organization, during the year, receive any funds, directly					١.	ł
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	12a	· · · · · · · · · · · · · · · · · · ·		12a		1
					est.	h

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

Sec	tion A. Governing Body and Management											
			1		\perp	Yes	No					
1a	Enter the number of voting members of the governing body	1a		11	Ì		-					
b	Enter the number of voting members that are independent	1b		11,		``	l					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wit	h any other				1 1					
	officer, director, trustee, or key employee?			1	<u> </u>		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dir	ect supervisio	n	j							
	of officers, directors or trustees, or key employees to a management company or other person?				3		X					
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was filed?	4	-		X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?											
6	Does the organization have members or stockholders?											
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the									
	governing body?			7	_	X	<u> </u>					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7	b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durii	ng the year									
	by the following:			l'	144		ı					
а	The governing body?			8	_	X	<u> </u>					
þ	Each committee with authority to act on behalf of the governing body?			8	b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ache	d at the				.,					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O)		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code)									
					\rightarrow	Yes X	No					
	Does the organization have local chapters, branches, or affiliates?			_	Da		<u> </u>					
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n cha	oters, affiliates	I .	_	X						
	and branches to ensure their operations are consistent with those of the organization?			_	ъ	X						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	tiling	the form?	1	1		17.5					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			!	- 1	X	· ·					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	2a		 					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	oula g	ive rise	1:	2b	х						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	" describe									
	ın Schedule O how this is done			1:	2c	X						
13	Does the organization have a written whistleblower policy?			1	3	X						
14	Does the organization have a written document retention and destruction policy?			1	4	X						
15	Did the process for determining compensation of the following persons include a review and approve	val by	ındependent	to		,						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		۸.	'~ ` ·	•						
а	The organization's CEO, Executive Director, or top management official			1:	5a	X						
b	Other officers or key employees of the organization			15	5b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			\\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\	4 // 1,		',					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	较	` .		\ ·					
	taxable entity during the year?			10	6a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evid			ion			1.					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganız	ation's		2	. ¹⁴ _	ļ.,					
	exempt status with respect to such arrangements?			10	6b		<u> </u>					
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►MA											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (50	1(c)(3)s only) a	vailable for	•							
	public inspection. Indicate how you make these available. Check all that apply.											
	X Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	confl	ct of interest p	oolicy, and	fınar	ncial						
	statements available to the public.											
20	State the name, physical address, and telephone number of the person who possesses the books a	and r	ecords of the	organizatioi	1 >							
	DONALD MARSHALL, CPA, CFO - 301-770-5100	0 F 7										
	6010 EXECUTIVE BLVD, SUITE 900, ROCKVILLE, MD 208	852					(2000)					

Page 7

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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. Use Schedule J 2 if additional space is needed

- 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. See instructions for definition of "key employee "

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average				tion			Reportable	Reportable	Estimated
	hours per	È	neck	eck all that apply)		ly)	compensation from	compensation from related	amount of other	
	week	ndividual trustee or director	ŀ					the	organizations	compensation
		e or di	ag ag		1	Highest compensated employee		organization	(W-2/1099-MISC)	from the
		truste	at trus		a,	ım pen		(W-2/1099-MISC)		organization .
		ngnal	institutional trustee	ja .	Key employee	lest co	朣			and related organizations
		pul	턃	Officer	Ke,	돌를	퉏			organization to
IRENE ROSNER-DAVID										
DIRECTOR	5.00	X				l		0.	0.	0.
MATTHEW BERNIER										
DIRECTOR	5.00	X						0.	0.	0.
ELLEN G HOROVITZ										
DIRECTOR	5.00	Х		ļ		<u> </u>	_	0.	0.	0.
RANDY VICK	- 00									_
DIRECTOR	5.00	Х			_	1		0.	0.	0.
JUDY RUBIN	5.00	x						0.	0.	_
DIRECTOR BARBARA PARKER-BELL	5.00	Α				-		0.	0.	0.
DIRECTOR	5.00	x						0.	o`.	0.
ERICA MAXION CURTIS	3.00	^	-	\vdash		⊢				· · · ·
SPEAKER, ASSEMBLY OF CHA	5.00	x						0.	0.	0.
PEG DUNN-SNOW	3.00	-		╁─	-	十	-	 		
PRESIDENT	10.00			X				0.	0.	0.
JOAN PHILLIPS					-	1	 	<u> </u>		
PRESIDENT ELECT	5.00			X				0.	0.	0.
CHRISTIANNE STRANG						-				
TREASURER	5.00			Х				0.	0.	0.
GAELYNN WOLF BORDONARO										
SECRETARY	5.00			X			_	0.	0.	0.
SUSAN CORRIGAN			l					1	_	_
EXECUTIVE DIRECTOR	50.00		<u> </u>	X	<u> </u>	ļ	<u> </u>	95,000.	0.	0.
DONALD MARSHALL	- 00		Ì				İ			
CHIEF FINANCIAL OFFICER	5.00	ļ	<u> </u>	Х		╄		0.	0.	0.
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Parl		T .	nplo	yee			High	est			(F)
	(A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable								(F) Estimated		
	Name and title	hours	(cl				' app	ly)	compensation	compensation	
		per week	per vector also			Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	
			-		-	\vdash	\vdash				
					_	<u> </u>					
							 	-	,		
		<u> </u>	-	-	<u> </u>	-	-				
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				\vdash	-	-	1		-		
			\perp	<u> </u>	_	-	-	_			
	Total						>		95,000.	·	0. 0.
2	Total number of individuals (including but compensation from the organization	not ilmited to ti	nose	e listo	eo a	voai	e) w	no r	eceived more than \$100	J,000 in reportabl	<u>0</u>
3	Did the organization list any former office			e, ke	y er	nplo	уее,	or l	highest compensated e	mployee on	Yes No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	sum of reportat	ole c						•	the organization	4
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									uces rendered to	4 X
	the organization? If "Yes," complete Scheen						,				5 X
Sec 1	tion B. Independent Contractors Complete this table for your five highest c	ompensated in	dep	ende	ent e	cont	tract	ors	that received more than	\$100,000 of com	npensation from
	the organization NONE										
	(A) Name and busines	s address							(B) Description of	services	(C) Compensation
											
	Total number of independent contractors	(including but)	not !	morte	od +4	, th	200 [icto	d above) who received :	nore than	ين درا ميا درا دود ا
	\$100,000 in compensation from the organ		IOL I		50 K	<i>-</i> (0	316	above, who received t	nore uran	And the second second
											Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				and the second of the second
	organizations in the U.S. See Part IV, line 21			, , , , , ,	As a state of the
2	Grants and other assistance to individuals in		44 000	1 , e'', e''	
	the U S See Part IV, line 22	11,000.	11,000.		F. 47, - 3,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			The state of the second of	المرابع المراب
	See Part IV, lines 15 and 16			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
4	Benefits paid to or for members			34 4 1 13 13 14 15 11 11 11 11 11 11 11 11 11 11 11 11	
5	Compensation of current officers, directors,	05 000	02 125	0 075	2 000
	trustees, and key employees	95,000.	83,125.	8,875.	3,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	197,458.	192,583.	4,875.	
7	Other salaries and wages	197,430.	194,303.	4,073.	
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)	34,666.	31,766.	2,300.	600.
9	Other employee benefits	23,685.	20,725.	2,640.	320.
10	Payroll taxes	23,003.	20,123.	2,040.	320 •
11	Fees for services (non-employees)	18,880.	16,380.	2,500.	
	Management	50,811.	10,300.	50,811.	
b	ľ	82,415.	····	82,415.	
	Accounting	02,413.		02,113	
	Lobbying Professional fundraising services See Part IV, line 17		Such and he of the filler in the	A Same of the state of the state of	
e f	Investment management fees		-3,000.	3,000.	
		232,332.	229,776.	2,556.	
9 12	Advertising and promotion	202/0021			
13	Office expenses	21,797.	21,797.		
14	Information technology	,			
15	Royalties				
16	Occupancy	23,025.	20,147.	2,878.	
17	Travel	72,802.	72,802.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	79,339.	79,339.		
20	Interest			- <u></u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,700.	13,695.	2,005.	
23	Insurance	11,584.		11,584.	
24	Other expenses. Itemize expenses not covered	Cr. The		2 50	3
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			A Company of the Comp	
	expenses shown on line 25 below.)		4-12 m. Mr. 2 m.	at at 1 the world the plant of	Park Carried Conference
а		71,077.	71,077.		
b		58,180.	58,180.		
c		40,320.	16,662.	23,658.	
c		38,967.	38,967.		
e	EQUIPMENT	19,935.	19,935.		
f	·	83,437.	81,132.	2,305.	
25	Total functional expenses Add lines 1 through 24f	1,282,410.	1,076,088.	202,402.	3,920.
26	Joint costs. Check here 🕨 🔲 if following				1
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	l		<u> </u>	Form 990 (2009)

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	990 (2 t X	Balance Sheet	HERAPI ASSOCIATI			3023033 Page 11
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		93,962.	1	40,878.
	2	Savings and temporary cash investments		729,552.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		30,652.	4	18,166.
	5	Receivables from current and former officers, di	ectors, trustees, key	· · · · · · · · · · · · · · · · · · ·		
		employees, and highest compensated employee		1 17 mars and the same of the	٠,	
		of Schedule L			5	' ' '
	6	Receivables from other disqualified persons (as	defined under section	1	- ,	1100 p. 15 m. m. m.
		4958(f)(1)) and persons described in section 495		,] .	
		Part II of Schedule L			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventones for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		10,651.	9	23,326.
	1	Land, buildings, and equipment cost or other	1 1		, ,	
	""	basis. Complete Part VI of Schedule D	117,397.	1. 1. 1.		4.14
	١ ,	Less accumulated depreciation	10b 16,047.	0.	10c	101,350.
	11	Investments - publicly traded securities	100 2070270		111	739,003.
	12	Investments - other securities See Part IV, line	1		12	733,003.
	13	Investments - program-related See Part IV, line			13	
			• •		14	
	14	Intangible assets			15	3,775.
	15	Other assets See Part IV, line 11	-1 line 24\	864,817.	16	926,498.
	16	Total assets. Add lines 1 through 15 (must equ	ai line 34)	165,719.	17	129,217.
	17	Accounts payable and accrued expenses		103,713.	18	145,417
	18	Grants payable		52,658.	19	125,563.
	19	Deferred revenue		32,030.	20	123,303.
	20	Tax-exempt bond liabilities	2 . 11 . 1 . 1 . 1			
Liabilities	21	Escrow or custodial account liability Complete		1 (11) 10 10 10 10 10 10 10 10 10 10 10 10 10	21	Figure 11 to
Ē	22	Payables to current and former officers, director		10 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,5	,
Ē	1	highest compensated employees, and disqualifi	ed persons. Complete Part II	و المالية الماسوطالي و المالي		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D		210 277	25	25/ 700
	26	Total liabilities. Add lines 17 through 25		218,377.	26	254,780.
	ł	Organizations that follow SFAS 117, check he	ere X and complete		' ' -	1 *
Net Assets or Fund Balances	l	lines 27 through 29, and lines 33 and 34.		526,145.	150	F 60 614
ă	27	Unrestricted net assets		320,143.		560,614.
Bal	28	Temporarily restricted net assets	100 005	28	111 104	
5	29	Permanently restricted net assets	120,295.	29	111,104.	
2		Organizations that do not follow SFAS 117, c				
ō	İ	complete lines 30 through 34.		wer him them to be to the the	13.0	12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	juipment fund		31	
ë	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		646,440.	33	671,718.
	34	Total liabilities and net assets/fund balances		864,817.	34	926,498.

Pa	t XI Financial Statements and Reporting		 -	
			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 in Schedule O		4.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2c	X	Ì
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	'		1
	consolidated basis, separate basis, or both	1. 1	, 4	
	Separate basis Consolidated basis Both consolidated and separate basis	الما يا	:	. .
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Гания	990	200

SCHEDULE A

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

name or t	ne organizatio		N ART THERAP	Y ASS	OCIAT	ION		[-38230:	
Part I	Reason f	or Public Chari	ty Status (All organiz	ations mu	st complet	e this part) See inst	ructions			
The organ			pecause it is: (For lines							-	
1 🔲	A church, cor	vention of churches	, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)				
2 🗀	A school desc	onbed in section 170	0(b)(1)(A)(II). (Attach Sc	hedule E)							
з 🖳	A hospital or	a cooperative hospit	al service organization (described	ın section	170(b)(1)((A)(iii).				
4 📙	A medical res	earch organization o	perated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ıı	ı). Enter th	e hospital's i	name,
	city, and state										
5	-		penefit of a college or un	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d in	
_ [b)(1)(A)(iv). (Comple	•			470/5/4	OVA VA				
7		•	ent or governmental uni					r from the	gonoral p	ublic describ	ad in
′	•	•	eives a substantial part	or its supp	on nom a	governine	ritai uriit C	n nom me	general p	ubiic describ	eu III
8 🔲		b)(1)(A)(vi). (Complet	ection 170(b)(1)(A)(vı).	(Camplata	Dort II \						
9 X	•		ection 170(b)(1)(A)(VI). eives (1) more than 33	-	•	rom contri	hutions m	namharehi	n fees and	d aross race	nte from
3 (44)	•	•	etions - subject to certa								
			exable income (less sec								
		509(a)(2). (Complete	•		.x, 110111 00	011100000	Joquiloo D	y the orga		10, 00,10 00,	1070
10 🔲			erated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	1).			
11	•	•	erated exclusively for the		=				v out the p	ourposes of o	one or
	•	•	tions described in secti							-	
			organization and compl					•			
	a Type I	·· ·· <u></u>	¬ ~	с 🗀 тур			tegrated		d 🗀	Type III - Oth	ner
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other	than
	foundation m	anagers and other th	nan one or more publicl	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509(a))(2)
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III e			
	supporting or	rganization, check th	is box								
g	Since August	t 17, 2006, has the o	rganization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	_	
	(ı) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (ιιι) below,	Y	'es No
	the gove	erning body of the su	upported organization?		-					11g(ı)	
	(II) A family	member of a persor	n described in (i) above?	>						11g(iı)	
		•	person described in (i)							11g(III)	
h	Provide the f	ollowing information	about the supported or	ganization	(s)						
			(iii) Type of	(iv) la tha	organization	(v) Did vo	u notify the	(vi) ls	the		
	of supported	(ii) EIN	organization		sted in your	. , ,	ion in col	organizátio	on in cot	(vii) Amou	
org	anization		(described on lines 1-9		document?		r support?	(i) organız U S		suppo	r t
		,	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
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Total		Programme and the second		Jan.		, in W . T.	1. 1. 7.76	, Gangara 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. C-4.		

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2009 AMERICAN ART THERAPY ASSOCIATION 36-3823033 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Catendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 623,494. 625,146. 637,340. 650,720. 3055041. 518,341. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 477,598. 479,701. 392,380. 480,839. 499,688. 2330206. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization'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 1114938. 1015874. 999,180. 1124834. 1130421 5385247. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons 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 0. amount on line 13 for the year Ō. c Add lines 7a and 7b 5385247. 明明 學 大學 电缆净焊线 * 5 . 8 Public support (Subtract line 7c from line 6) Sec. 15. P. 7 78-15 Section B. Total Support (c) 2007 (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (f) Total 1015874. 999,180 1124834. 1114938. 1130421. 5385247. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 30,481 25,173. 18,572. 21,576. 1,753. 97,555. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 21,576. 30,481. 25,173. 1,753. 18,572. 97,555. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1037450. 1029661. 1150007. 1133510. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.22 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 98.07 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.78 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 1.93 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions