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2009

Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Section on Pediatrics of the American Physical Therapy Assoc, Inc.		D Employer Identification Number 58-1330752
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 1111 North Fairfax Street		E Telephone number (703) 706-3236
		City, town or country State ZIP code + 4 Alexandria VA 22314		G Gross receipts \$ 770,093.
		F Name and address of principal officer Sheree York 313 Delcris Ct Birmingham AL 35226		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of Formation 1982 M State of legal domicile VA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Enhance education of physical therapists		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	4	
	4	4	
Revenue	5		
	6	6	
	7a		0.
	7b		
Expenses			
Net Assets or Fund Balances			

Part II Signature Block

Sign Here	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: Cynthia Sliwa Date: Sept 20, 2010 Type or print name and title: Cynthia Sliwa, Section on Pediatrics, APTA, Executive Director		
Paid Preparer's Use Only	Preparer's signature: John E. DeWitt	Date: 09/13/10	Preparer's identifying number (see instructions): P06545432
	Firm's name (or yours if self-employed), address, and ZIP + 4: FERNANDES DEGENARRO & ASSOC. 6235 PENN RANDALL PL UPPER MARLBORO MD 20772-2639		EIN: (301) 736-8846 Phone no: (301) 736-8846

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09 Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Enhance education of physical therapists2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the 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 \$ _____ including grants of \$ _____) (Revenue \$ _____)

Printing and Publications:Section on pediatrics provides a journal on pediatric information published quarterly (approx. 4,000 copies)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Educational Program:Includes all expenses incurred in providing continuing education for association members.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Specialty council program includes expenses of people certified as specialists in pediatric physical therapy

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• 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		
• 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		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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		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		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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
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	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 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 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
4 b	If 'Yes,' enter 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 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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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.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		

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

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ Section on Pediatrics 111 North Fairfax St. Alexandria VA 22314 (800) 999-2782

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

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 organizations'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 employees.'
- 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 all of the organization's **current** key employees See instructions for definition of 'key employees.'

- 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.

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

[illegible]

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Total								0.	0.	0.

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

3 Did the organization list any **former** officer, director or 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 for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
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.

(A) Name and business address	(B) Description of Services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	223,430.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,335.			
	g Noncash contribns included in lns 1a-1f		\$			
	h Total. Add lines 1a-1f		239,765.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Conference & Workshops	611699	352,382.	352,382.	0.	0.
	b Editorial Allowance	511130	17,500.	17,500.	0.	0.
	c Library Fees	611710	70.	70.	0.	0.
	d Royalties	511190	97,923.	97,923.	0.	0.
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		467,875.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		16,880.	0.	0.	16,880.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a	43,889.			
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		43,889.	0.	0.	43,889.
Miscellaneous Revenue		Business Code				
11a Miscellaneous	900099	34.	0.	0.	34.	
b Abstracts	900099	750.	750.	0.	0.	
c Advertising	511120	900.	0.	0.	900.	
d All other revenue						
e Total. Add lines 11a-11d		1,684.				
12 Total revenue. See instructions		770,093.	468,625.	0.	61,703.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	95,148.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	120,518.			
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	44,736.			
12 Advertising and promotion	2,482.			
13 Office expenses	4,090.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	107,315.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,714.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Subscriptions	121,664.			
b Honorarium awards	8,350.			
c Miscellaneous	1,321.			
d Printing	7,017.			
e Audiovisuals	12,772.			
f All other expenses	15,212.			
25 Total functional expenses. Add lines 1 through 24f	600,339.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	144,432.	1	284,020.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments – publicly-traded securities	485,249.	11	612,726.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	629,681.	16	896,746.	
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	610,406.	27	861,683.
	28 Temporarily restricted net assets	19,275.	28	35,063.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	629,681.	33	896,746.
	34 Total liabilities and net assets/fund balances.	629,681.	34	896,746.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

BAA

Form 990 (2009)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

2009

Open to Public Inspection

Employer identification number

58-1330752

Part II General Information on Grants and Assistance

- ☒ Yes ☐ No

Part III	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form
----------	--

Part IV and Schedule I-1 (Form 990) if additional space is needed

Part IV and Schedule I-1 (Form 990) if additional space is needed

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	38-1330-52	Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	38-1330-52	Page

[illegible]

Pt I Line 2 ----- Grants were given to a related non profit foundation, information is

Pt I Line 2 available through the Organizations common accounting offices.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Pt VI-B, Line 11A THE BOARD DISTRUBTES COPIES AT ITS NEXT MEETING

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Employer identification number

58-1330752

(A)
Name, address, and EIN of disregarded entity

(C)
Legal domicile (state or foreign country)

(D)
Total income

(E)
End-of-year assets

(F)
Direct controlling
entity

(A)
Name, address, and EIN of related organization

(A) Name, address, and EIN of related organization	(B) Primary activity
AMERICAN PHYSICAL THERAPY ASSOCIATION 13-1512769, 11111 N FAIRFAX STREET, ALEXANDRIA VA 22314	NON PROFIT TRADE ORGANIZATION

(c)
Legal domicile (state or foreign country)

Exempt Code section (d)

(E) Public charity status
(if section 501(c)(3))

(F)	Direct contri-	entity
-----	----------------	--------

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: Research program includes expenses incurred in promoting
Expenses _____ and supporting research activities including amounts
Grants Of _____ designated for research grants.
Revenue _____

2009 Section on Pediatrics Roster

Note: This roster includes complete contact information for the Board, but only e-mail addresses and phone numbers for everyone else. To find additional information, including mailing information, visit the APTA Member Directory, which includes all current members of APTA. The Member Directory can be accessed at www.apta.org under "Member Services" then "APTA Member Directory." This is the most complete listing of APTA members and allows you to search by section, chapter, or last name.

* = 2nd Term

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Dale Scalise-Smith, PT, PhD dscalise-smith@utica.edu		

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CHAIR Donna Metzger, PT donnametzger@bellsouth.net		
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		Judy Lindsay, PT lindsay619@comcast.net
Research Committee		
<p style="text-align: center;">CHAIR Irene McEwen, PT, PhD, FAPTA (2009-2012) 6204 Waterford Blvd, No 9 Oklahoma City, OK 73118-1105 405/ 271-2131, x47125 W irene-mcewen@ouhsc.edu</p>		
Grant Subcommittee – April	Grant Subcommittee – September	Grant Subcommittee (RFA) - September
2008 Subcommittee Chair Irene McEwen, PT, PhD irene-mcewen@ouhsc.edu	2008 Subcommittee Chair Irene McEwen, PT, PhD irene-mcewen@ouhsc.edu	2008 Subcommittee Chair Irene McEwen, PT, PhD irene-mcewen@ouhsc.edu
David Embrey, PT, PhD dembrey@u.washington.edu	David Embrey, PT, PhD dembrey@u.washington.edu	Margaret O'Neil, PT, PhD, MPH moneil@drexel.edu
Deborah Thorpe, PT, PhD, PCS DTHORPE@med.unc.edu	Cathie Smith, PT, PhD, PCS Cathie-Smith@utc.edu	Joanne Valvano, PT Joanne.valvano@uchsc.edu
Cathie Smith, PT, PhD, PCS Cathie-Smith@utc.edu	Angela Easley Rosenberg, PT, PhD Angela.Rosenberg@cdl.unc.edu	
Angela Easley Rosenberg, PT, PhD Angela.Rosenberg@cdl.unc.edu	Eileen Fowler, PT, PhD efowler@mednet.ucla.edu	
Eileen Fowler, PT, PhD efowler@mednet.ucla.edu	Jennifer Braswell, PT jbraswell@uab.edu	
CSM Platform Subcommittee		CSM Poster Subcommittee
2008 Subcommittee Chair Joanne Valvano, PT 719/ 226-0487 H Joanne.valvano@uchsc.edu		2008 Subcommittee Chair Joanne Valvano, PT 719/ 226-0487 H Joanne.valvano@uchsc.edu
David Embrey, PT, PhD		Deborah Thorpe, PT, PhD, PCS

dembrey@u.washington.edu	DTHORPE@med.unc.edu
Deborah Thorpe, PT, PhD, PCS DTHORPE@med.unc.edu	Kim Nixon-Cave, PT, PhD, PCS nixoncave@email.chop.edu
Amy Gross McMillan, PT, PhD grossmcmillana@mail.ecu.edu	

Dissertation Award Subcommittee	Thesis Award Subcommittee	Other Committee Members
2008 Subcommittee Chair Amy Gross McMillan, PT, PhD 252/ 328-4463 W grossmcmillana@mail.ecu.edu	2008 Subcommittee Chair Amy Gross McMillan, PT, PhD 252/ 328-4463 W grossmcmillana@mail.ecu.edu	Rose Marie Rine, PT, PhD r.m.rine@unf.edu
David Embrey, PT, PhD David.Embrey@goodsamhealth.org	Kim Nixon-Cave, PT, PhD, PCS nixoncave@email.chop.edu	Beth Tieman, PT btieman@gsu.edu
Margaret O'Neil, PT, PhD, MPH moneil@drexel.edu	Cathie Smith, PT, PhD, PCS Cathie-Smith@utc.edu	Jill Heathcock, PT, PhD Jill.heathcock@osumc.edu
Angela Easley Rosenberg, PT, PhD Angela.Rosenberg@cdl.unc.edu		
Research Forum Subcommittee	Translation of Evidence to Practice Task Force	Research Summit II Task Force
2008 Subcommittee Chair Eileen Fowler, PT, PhD efowler@mednet.ucla.edu	Task Force Chair Deborah Kartin, PT, PhD kartin@u.washington.edu	Deborah Kartin, PT, PhD kartin@u.washington.edu
		Kim Nixon-Cave, PT, PhD, PCS nixoncave@email.chop.edu

AWARD COMMITTEES

Anniversary Award

2009 CHAIR

Priscilla Osborne, PT, MS, PCS
priscilla.osborne@tch.harvard.edu

Peg Mohr, PT, PhD, PCS
701/ 777-3689 W
pegmohr@medicine.nodak.edu

Jeanne Fischer Award

2009 CHAIR

Jane Sweeney, PT
apgar10@harbornet.com

Dale Scalise-Smith, PT, PhD
dscalise-smith@utica.edu

Bud DeHaven Award

2009 CHAIR

Dale Scalise-Smith, PT, PhD
dscalise-smith@utica.edu

Lisa Chiarello
lisa.chiarello@drexel.edu

Advocacy Award

2009 CHAIR

Jane Sweeney
apgar10@harbornet.com

Susan Cecere
susan.cecere@pgcps.org

Outstanding Pediatric Clinician Award: PT

2009 CHAIR

Lori Glumac
lglumac@caiu.org

Yvette Blanchard
blanchard@hartford.edu

Kathy Martin
kmartin@windy.edu

Outstanding Pediatric Clinician Award: PTA

2009 CHAIR

Lori Glumac
lglumac@caiu.org

Jane Sweeney
apgar10@harbornet.com

Memorial Fund Scholarship

2009 CHAIR

Eunice Y Shen, PT, DPT, PCS
eushen@pacbell.net

Sheri Simkins
sheri@qwestoffice.net

Thesis and Dissertation Awards Under Research Committee

Research Award – Entire Research Committee

Distinguished Service Award – Entire Executive Committee

Hughes and Long Awards – Journal Editorial Board

Student Essay and Minority Recruitment Grant – Membership Committee

Clinical Residency/Fellowship Grant - Education Committee

State Representatives

(Year entering position of State Rep is indicated, when available)

Region I

Alaska Naomi Gravdal, PT (2008-10)* 907/ 746-2154 H norsk@mtaonline.net	California - 1 (Northern) Susan Hastings, PT, PCS (2008-11)* 650/ 845-3002 W shastings@gmail.com	California - 2 (Southern) Danielle Rhinehart Cheung, PT, PCS (2007-10) 626/ 375-2374 W Pt.danielle@gmail.com	Hawaii Sherry Arndt, PT, DSc, PCS (2009-12)* 808/ 969-2058 (W/H) Sherrypt1@earthlink.net
Idaho Samantha Smith, PT, DPT (2009-12) 208/ 899-3723 slsmithpt@hotmail.com	Montana Karen Thornton, PT, MS, PCS (2007-10)* 406/ 455-2661 W thorkare@benefis.org	Nevada Robbin Hickman, PT, MHS, PCS (2008-11) 702/ 895-1055 W Robbin.hickman@unlv.edu	Oregon Katie Laubscher, PT, DPT, PCS (2009-12) 503/ 867-7661 H katiemlaubscher@gmail.com
Utah Lisa Milkavich, PT (2009-12) 801/ 949-3512 H lmilkavich@graniteschools.org	Washington Stella Miji Byunn, PT, MPT, PCS (2008-11) 206/ 898-4868 H happysnoopy@gmail.com		

Region II

Colorado Lisa Agnew Hymes, PT (2008-11)* 303/ 870-9302 H lisa_agnew@hotmail.com	Iowa Lisa Smith, PT (2008-11) 515/ 961-8191 W lsmith@aea11.k12.ia.us	Kansas Kendra Gagnon, PT (2008-11)* 816/ 283-3227 H kgagnon@kumc.edu	Minnesota Michelle Schluender, PT (2008-12) 320/ 259-4151 mschluender@bentonsteams.k12.mn.us
Missouri Jan McElroy, PT, PCS (2008-10)* 573/ 268-3058 C Janmcelroypt@gmail.com	Nebraska Sara Bruening, PT (2008-11) 402/ 657-2712 sarabruening@hotmail.com	North Dakota Karen Cole, PT (2009-12) 612/ 207-7729 C karencolept@msn.com	South Dakota Melissa Forman, PT, DPT, PCS (2008-10)* 605/ 342-4412 W Melissa.forman@cchs.org
Wyoming Dede McDonald, PT (2008-10)* 307/ 690-4880 W Dedmcdon@wyoming.com			

Region III

Illinois Lysa Farrell, PT, MPT, PCS (2009-12)* 630/ 854-3601 Lysafarrell@comcast.net	Indiana Angelique Witlam, PT (2008-11) 574/ 753-0466 awitlam@hotmail.com	Michigan Christy Osborn, PT (2009-12) 906/ 345-9314 W pedsptchristy@yahoo.com	Ohio Joyce Lammers, PT (2008-11) 419/434-5962 W Jlammers001@woh.rr.com
Wisconsin Marcella Andrews, PT (2009-12)* mm.andrews@hosp.wisc.edu			

Region IV			
Connecticut Scott Van Epps, PT, PCS (2009-12) 860/ 869-2516 C svanepp@ccmckids.org	Delaware Tracy Stoner, PT, PCS (2008-11) 302/ 438-2355 cell tcstoner@comcast.net	Maine Kathleen Kelleher, PT, MA, PCS (2009-12)* 207/ 872- 4390 W kkelleher@mainegeneral.org	Massachusetts TBD
New Hampshire Tammie Sullivan, PT, PCS (2009-12)* 603/ 774-3818 sullz@gsinet.net	New Jersey Marcia Kaminker, PT, DPT, MS, PCS (2008-11)* 732/ 599-7051 C mkkaminker@aol.com	New York Bonnie O'Connell, PT (2009-2012) 516/ 931-1185 H 516/ 732-7007 C boc1@optonline.net	Pennsylvania Glen Birmingham, PT, MS, PCS (2008-11) glen@austills.com
Rhode Island Leslie Choquette (2008-2011) 401/475-0703 lesliept@cox.net	Vermont Marie MacLeod, PT, MEd, ATP (2009-12)* 802/ 656-0384 W 802/ 862-0299 H marie.macleod@uvm.edu		
Region V			
District of Columbia Erin Wentzell, PT (2009-12) 202/ 506-6585 H ebrosko@gmail.com	Maryland Sue Cecere, PT (2008-11)* 410/ 798-1982 H 443/ 995-3546 C susan.cecere@pgcps.org	North Carolina Laura Case, PT, DPT, MS, PCS (2008-11)* 919/ 684-5142 W 919/ 929-7347 H case0001@mc.duke.edu	South Carolina Ann Barton, PT, MS, PCS (2008-11)* 803/ 269-6091 C 803/ 695-0890 H ambarton840@yahoo.com
Virginia Michele Wiley, PT, PCS (2009-12) 703/ 669-5368 H tcwiley@erols.com	West Virginia Heather Rider, PT, PCS (2007-10)* 304/ 476-1015 W babystepsLLC@aol.com		
Region VI			
Alabama Kelly Shaw, PT (2009-12) 334/826-3353 H kellyrshaw@bellsouth.net	Florida Kathleen Tyson, MPT (2008-11) tysonk@allkids.org	Georgia Durga Shah, PT (2008-11)* 404/ 785-3758 W durga.shah@choa.org	Kentucky Debby Widelo, PT, MS, PCS (2008-11)* 859/ 749-9305 W widelo95@hotmail.com
Mississippi TBD	Puerto Rico Jessica Rodriguez Torres, DPT (2009-12)* 787/ 897-2279 H 787/ 449-2893 C jessikin_00@yahoo.com	Tennessee Tom Schlitt, PT, MSPT, PCS (2009-12)* 865/ 977-9920 W trschlitt@aol.com	
Region VII			
Arizona Deanne Fay, PT, MS, PCS (2009-12)* 480/ 839-0084 W dfay@atsu.edu	Arkansas Margaret McGee, PT (2009-12)* 501/ 450-5553 W mmcgee@uca.edu	Louisiana TBD	New Mexico TBD
Oklahoma Sandy Arnold, PT, PhD (2008-11)* 405/ 271-2131, x47118 W Sandra-arnold@ouhsc.edu	Texas Norma Cervera, PT, MPT (2008-11) 915/ 351-0114 W Milestones.rehab.svc@yahoo.com		

OTHER

Executive Office Cynthia Sliwa Section on Pediatrics, APTA PO Box 327 Alexandria, VA 22313 800/ 999-2782, ext 3254 W 703/ 706-8575 Fax cindysliwa@apta.org peditrics@apta.org	APTA Board Liaison John Wallace, PT, MS, OCS johnwallace@apta.org	Student Assembly Liaison Anna Sladkey, SPT Aptasa_ncchair@hotmail.com
PPT Journal Editor Ann VanSant, PT, PhD 215/ 204-3208 W ann.vansant@temple.edu	Section Delegate Toby Long, PT, PhD 202/ 687-8742 W longt@georgetown.edu	Alternate Delegate Sheree York, PT, MS, PCS 205/ 939-9644 W Sheree.york@chsys.org
Specialty Council Eric Pelletier, PT, DPT, PCS (as of 1/1/09) 215/ 590-6966 W pelletiere@email.chop.edu esppt@verizon.net		

Miscellaneous Statement

UNREALIZED GAINS		
BEGINNING FUND BALANCE: 1 JANUARY 2009	629,681.	
ADD: EXCESS OF RECEIPTS OVER DISBURSEMENTS	169,754.	
RECOVERY OF UNREALIZED LOSS ON INVESTMENTS	97,311.	
ENDING FUND BALANCE: 31 DECEMBER 2009	896,746.	
Total	<u>1,793,492.</u>	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	Section on Pediatrics of the American Physical Therapy Assoc, Inc.	58-1330752
	Number, street, and room or suite number If a P.O. box, see instructions	For IRS use only
	1111 North Fairfax Street, City, town or post office, state, and ZIP code For a foreign address, see instructions Alexandria VA 22314	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Section on Pediatrics
Telephone No (800) 999-2782 FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2010

5 For calendar year 2009, or other tax year beginning , 20, and ending , 20

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
Not all information to file a complete & accurate return is available
The Organization financial statement are being reviewed by outside CPA's

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date