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2010

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

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)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organizationASSOCIATION OF CHILDREN'S
PROSTHETIC-ORTHOTIC

Number and street (or P O box, if mail is not delivered to street address) 6300 NORTH RIVER ROAD ROOM/SUITE 727	Room/suite
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City or town, state or country, and ZIP + 4
ROSEMONT, IL 60018

D Employer identification number

57-0734779

E Telephone number

(847) 384-4233

F Group Exemption
Number 

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐ _____

I Website: N/A

J Tax-Exempt status(check only one)—☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

H Check   if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check  If the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 173,569

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances	
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(See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	135
	2	Program service revenue including government fees and contracts		2	100,978
	3	Membership dues and assessments		3	31,211
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe in Schedule O)		8	41,245	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	173,569	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	3,476
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	38,939
	14	Occupancy, rent, utilities, and maintenance		14	4,560
	15	Printing, publications, postage, and shipping		15	19,672
	16	Other expenses (describe in Schedule O)		16	113,345
	17	Total expenses. Add lines 10 through 16		17	179,992
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,423
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	151,594
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	7,538
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	152,709

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	170,758	22	134,036
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	25,618	24	23,576
25	Total assets	196,376	25	157,612
26	Total liabilities (describe in Schedule O)	44,782	26	4,903
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	151,594	27	152,709

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? THE ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC CLINICS (THE ASSOCIATION) IS A NATIONAL NONPROFIT CORPORATION LOCATED IN ROSEMONT, ILLINOIS ORGANIZED TO PROMOTE THE EXCHANGE OF KNOWLEDGE AND INFORMATION IN PEDIATRIC PROSTHETICS AND ORTHOTICS, THE IMPROVEMENTS OF THE CARE OF INDIVIDUALS REQUIRING PROSTHETIC OR ORTHOTIC DEVICES, AND THE FOSTERING OF COOPERATIVE RESEARCH, DEVELOPMENT AND EVALUATION EFFORTS AMONG MEMBER CLINICS. ACTIVITIES ARE FUNDED BY MEMBER DUES, ANNUAL MEETING REVENUE AND NEWSLETTER ADVERTISEMENT INCOME	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐	32	104,072

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	Yes
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ IL		
42a	The organization's books are in care of ▶ ANNA GREENE Telephone no ▶ (847) 384-4233 6300 NORTH RIVER ROAD SUITE 727 Located at ▶ ROSEMONT, IL ZIP + 4 ▶ 60018		
b	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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	No
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer		Date			
	SANDRA B SMITH SECRETARY-TREASURER		2011-05-03			
Paid Preparer's Use Only	Preparer's signature	DAVID WASIELEWSKI	Date	2011-05-11	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KUTCHINS ROBBINS & DIAMOND LTD 1101 PERIMETER DR STE 760 SCHAUMBURG, IL 60173			EIN	
				Phone no	(847) 240-1040	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC

Employer identification number
57-0734779

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally integrated
- d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	37,955	34,285	36,321	5,100	135	113,796
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,760	99,190	99,571	38,557	132,189	468,267
3 Gross receipts from activities that are not an unrelated trade or business under section 513				78,112	1,045	79,157
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						
6 Total. Add lines 1 through 5	136,715	133,475	135,892	121,769	133,369	661,220
7a Amounts included on lines 1, 2, and 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						661,220

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	136,715	133,475	135,892	121,769	133,369	661,220
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,624	2,708	568	74		5,974
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,586	7,551	16,766			33,903
c Add lines 10a and 10b	12,210	10,259	17,334	74		39,877
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9,586	7,551	16,766	8,784	5,913	48,600
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	158,511	151,285	169,992	130,627	139,282	749,697
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			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	88.200 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	85.460 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	5.000 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	8.000 %	
19a 33 1/3% support tests—2010. 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 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—2009. 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 			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC	Employer identification number 57-0734779
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ADVERTISING INCOME 40,200 MISCELLANEOUS REVENUE 1,045 TOTAL 41,245

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	ADVERTISING INCOME EXPENSE ALLOCABLE TO ADV 33,287 EXPENSES OFFICE SUPPLIES 105 ANNUAL MEETING EXPENSE 59,414 COURSES 1,432 INSURANCE 3,736 LESS EXP ALLOC TO ADV -5,580 BOD EXPENSES 5,028 COMPUTER USA GE 3,036 TELEPHONE 4,180 MISCELLANEOUS EXPENSES 2,168 BANK CHARGES 4,433 MEMBERSHIP EXPENSES 89 WEBSITE EXPENSE 2,017 TOTAL 113,345

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAINS/LOSSES ON INVESTMENTS 7,538

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 13,485 17,760 LESS ALLOWANCE 550 4,075 NET 12,935 13,685 PREPAID EXPENSES AND DEFERRED CHARGES 12,683 9,891 TOTAL 25,618 23,576

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 10,982 3,343 DEFERRED REVENUE 33,800 1,560

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC CLINICS (THE ASSOCIATION) IS A NATIONAL NONPROFIT CORPORATION LOCATED IN ROSEMONT, ILLINOIS ORGANIZED TO PROMOTE THE EXCHANGE OF KNOWLEDGE AND INFORMATION IN PEDIATRIC PROSTHETICS AND ORTHOTICS, THE IMPROVEMENTS OF THE CARE OF INDIVIDUALS REQUIRING PROSTHETIC OR ORTHOTIC DEVICES, AND THE FOSTERING OF COOPERATIVE RESEARCH, DEVELOPMENT AND EVALUATION EFFORTS AMONG MEMBER CLINICS. ACTIVITIES ARE FUNDED BY MEMBER DUES, ANNUAL MEETING REVENUE AND NEWSLETTER ADVERTISEMENT INCOME.

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	THE SOCIETY SPONSORS EDUCATIONAL/SCIENTIFIC MEDICAL MEETINGS & CONFERENCES TO DISSEMINATE THE DEVELOPMENT OF PROCEDURES RELATING TO PROSTHETIC-ORTHOTIC TREATMENT OF THE ORTHOPAEDICALLY DISABLED CHILD

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT	FORM 990-EZ, PART III, LINE 29	PUBLICATION OF PERIODIC NEWSLETTER DISSEMINATING INFORMATION RELATIVE TO ADVANCES IN THE PROSTHETIC-ORTHOTIC TREATMENT OF THE ORTHOPAEDICALLY DISABLED CHILD

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	MEMBERSHIP EXPENSES & COURSES AND WEBSITE EXPENSES TO SUPPORT ASSOCIATION'S MISSION

TY 2010 Compensation Explanation

Name: ASSOCIATION OF CHILDREN'S
PROSTHETIC-ORTHOTIC

EIN: 57-0734779

Person Name	Explanation
ELAINE F CHAREST OT	
JORGE AMELIO FABREGAS MD	
MEI F FONG PT	
ERIC L MILLER CPO	
DAVID B ROTTER CPO	
JOANNE SHIDATOKESHI OTR	
JANET G MARSHALL CPO	
J IVAN KRAJBICH MD	
SANDRA SMITH MS PT	
ROBIN C CRANDALL MD	

Additional Data

Software ID:
Software Version:
EIN: 57-0734779
Name: ASSOCIATION OF CHILDREN'S
PROSTHETIC-ORTHOTIC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 THE SOCIETY SPONSORS EDUCATIONAL/SCIENTIFIC MEDICAL MEETINGS & CONFERENCES TO DISSEMINATE THE DEVELOPMENT OF PROCEDURES RELATING TO PROSTHETIC-ORTHOTIC TREATMENT OF THE ORTHOPAEDICALLY DISABLED CHILD (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	59,414
29 PUBLICATION OF PERIODIC NEWSLETTER DISSEMINATING INFORMATION RELATIVE TO ADVANCES IN THE PROSTHETIC-ORTHOTIC TREATMENT OF THE ORTHOPAEDICALLY DISABLED CHILD (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	37,644
30 AWARDS TO PROMOTE RESIDENTS' RESEARCH (Grants \$ 3,476) If this amount includes foreign grants, check here . . . ☐		30a	3,476
MEMBERSHIP EXPENSES & COURSES AND WEBSITE EXPENSES TO SUPPORT ASSOCIATION'S MISSION (Grants \$) If this amount includes foreign grants, check here . . . ☐			3,538

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ELAINE F CHAREST OT  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
JORGE AMELIO FABREGAS MD  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
MEI F FONG PT  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
ERIC L MILLER CPO  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTPR 1 00	0		
DAVID B ROTTER CPO  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
JOANNE SHIDA-TOKESHI OTR  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
JANET G MARSHALL CPO  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	PRESIDENT 1 00	0		
J IVAN KRAJBICH MD  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	VICE PRESIDE 1 00	0		
SANDRA SMITH MS PT  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	SECRETARY/TR 1 00	0		
ROBIN C CRANDALL MD  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	PAST PRESIDE 1 00	0		