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

F Group Exemption
Number 

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	134,036	22	163,863
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	23,576	24	31,182
25	Total assets	157,612	25	195,045
26	Total liabilities (describe in Schedule O)	4,901	26	43,734
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	152,711	27	151,311

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	97,407

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	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		
40b	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		No
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		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 6300 NORTH RIVER ROAD SUITE 727 Located at ROSEMONT, IL Telephone no (847) 384-4233 ZIP + 4 60018		
42b	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 .	Yes	No
42c	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		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.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)		

		Yes	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 or have a section 501(h) election in effect during the tax year? 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				

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		

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		2012-05-03 Date		
	SANDRA B SMITH SECRETARY-TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DAVID WASIELEWSKI	Date 2012-05-30	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

2011

Open to Public
Inspection

Name of the organization ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC	Employer identification number 57-0734779
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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 **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 IRC 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIISupport Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	34,285	36,321	5,100	135	5,000	80,841
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	99,190	99,571	38,557	132,189	132,208	501,715
3Gross receipts from activities that are not an unrelated trade or business under section 513			78,112	1,045	638	79,795
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	133,475	135,892	121,769	133,369	137,846	662,351
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						662,351

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	133,475	135,892	121,769	133,369	137,846	662,351
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,551	16,766	8,784	5,913	4,849	43,863
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	141,026	152,658	130,553	139,282	142,695	706,214
14First 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

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	93.790 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	88.200 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	5.000 %

- 19a33 1/3% support tests—2011. 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.
- b33 1/3% support tests—2010. 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.
- 20Private 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description

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	55,391
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	37,512
30 AWARDS TO PROMOTE RESIDENTS' RESEARCH (Grants \$ 2,550) If this amount includes foreign grants, check here . . . ☐	30a	2,550
MEMBERSHIP EXPENSES & COURSES AND WEBSITE EXPENSES TO SUPPORT ASSOCIATION'S MISSION (Grants \$) If this amount includes foreign grants, check here . . . ☐		1,954

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
EUGENE BANZINGER  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		
OWEN LARSON  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	DIRECTOR 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		
ROBERT LIPSCHUTZ CP  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
JANET WALKER  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		
KENNETH GUIDERA  6300 NORTH RIVER ROAD SUITE 727 ROSEMONT,IL 60018	DIRECTOR 1 00	0		

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

2011

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 39,292 MISCELLANEOUS REVENUE 638 TOTAL 39,930
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	ADVERTISING INCOME EXPENSE ALLOCABLE TO ADV 33,443 EXPENSES OFFICE SUPPLIES 80 ANNUAL MEETING EXPENSE 55,391 INSURANCE 3,601 LESS EXP ALLOC TO ADV -5,536 BOD EXPENSES 4,136 COMPUTER USAGE 3,132 TELEPHONE 4,275 MISCELLANEOUS EXPENSES 988 BANK CHARGES 5,906 MEMBERSHIP EXPENSES 639 WEBSITE EXPENSE 1,315 TOTAL 107,370
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAINS/LOSSES ON INVESTMENTS -3,557
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 17,760 25,022 LESS ALLOWANCE 4,075 155 NET 13,685 24,867 PREPAID EXPENSES AND DEFERRED CHARGES 9,891 6,315 TOTAL 23,576 31,182
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,341 1,074 DEFERRED REVENUE 1,560 42,660
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
FIRST ACCOMPLISHMENT	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
SECOND ACCOMPLISHMENT	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
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	MEMBERSHIP EXPENSES & COURSES AND WEBSITE EXPENSES TO SUPPORT ASSOCIATION'S MISSION

TY 2011 Compensation Explanation

Name: ASSOCIATION OF CHILDREN'S
PROSTHETIC-ORTHOTIC

EIN: 57-0734779

Person Name	Explanation
EUGENE BANZINGER	
JORGE AMELIO FABREGAS MD	
OWEN LARSON	
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	
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