

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)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
AMERICAN SOCIETY OF HAND THERAPISTS, INC
C/O ASSOCIATION HEADQUARTERS
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
15000 COMMERCE PARKWAY C
 City or town, state or country, and ZIP + 4
MOUNT LAUREL, NJ 08054

D Employer identification number
87-0777242

E Telephone number
856-439-0500

G Gross receipts \$ **1,556,331.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ **9517**

F Name and address of principal officer: **JOY MACDERMID**
SAME AS C ABOVE

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ASHT.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1977** **M State of legal domicile:** **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE SCIENCE OF HAND THERAPY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	64,171.
b Net unrelated business taxable income from Form 990-T, line 34	7b	55,029.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	Program service revenue (Part VIII, line 2g)	1,340.	4,350.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,400,839.	1,475,897.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,656.	2,708.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,499,142.	1,556,331.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,360.	26,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,411,256.	1,521,746.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,439,616.	1,547,746.	
19 Revenue less expenses. Subtract line 18 from line 12	59,526.	8,585.	
Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,174,585.	952,423.
	22 Net assets or fund balances. Subtract line 21 from line 20	608,738.	377,991.
		565,847.	574,432.

Part II Signature Block

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

Signature of officer: *Joy Macdermid* **Date:** **6/10/10**
JOY MACDERMID, PRESIDENT
 Type or print name and title

Preparer's signature: *Margaret Dennis* **Date:** **6/10/10** **Check if self-employed:** **Preparer's identifying number (see instructions):** **EIN** ▶

Firm's name (or yours if self-employed), address, and ZIP + 4: **SELDEN FOX, LTD.**
619 ENTERPRISE DRIVE
OAK BROOK, IL 60523-8835

Phone no.: ▶ **630-954-1400**

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE SOCIETY WORKS TO ADVANCE THE SCIENCE OF HAND THERAPY THROUGH COMMUNICATION, EDUCATION, ADVOCACY, RESEARCH AND CLINICAL STANDARDS BY ENCOURAGING MEMBER INVOLVEMENT, STRIVING FOR EXCELLENCE IN THE PROFESSION, AND WORKING TO IMPACT PUBLIC FACTORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 980,325. including grants of \$) (Revenue \$ 807,271.)
ANNUAL MEETINGS, CONTINUING EDUCATION COURSES, AND AWARENESS CAMPAIGNS HELD TO DISSEMINATE INFORMATION ON THE HAND THERAPY PROFESSION

4b (Code:) (Expenses \$ 55,889. including grants of \$) (Revenue \$ 70,914.)
JOURNAL, PUBLICATIONS AND WEBSITE FOR THE DISSEMINATION OF INFORMATION REGARDING THE HAND THERAPY PROFESSION TO THE SOCIETY'S MEMBERS

4c (Code:) (Expenses \$ 16,895. including grants of \$) (Revenue \$ 41,695.)
CERTIFICATION PROGRAM FOR THE ESTABLISHMENT OF CLINICAL STANDARDS

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 1,053,109.

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
 (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
 (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) JOB POSTING	47,880.		47,880.			
(2) MAILING						
(3) LABELS	4,251.	3,336.	915.			
(4)						
Totals	52,131.	3,336.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTER	1,290.	1,005.	285.	3,284.	6,695.	285.
(2) DIRECTORY /						
(3) CLINIC LISTING	10,750.	816.	9,934.			
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	12,040.	1,821.				285.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 1
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADMINISTRATIVE AND MEMBERSHIP COSTS		3,336.	
- SUBTOTAL -	2		3,336.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			3,336.



Illinois Department of Revenue

IL-505-B Automatic Extension Payment

What is the purpose of Form IL-505-B?

Form IL-505-B, Automatic Extension Payment, provides taxpayers who are unable to file their return by the due date, a means of calculating and remitting their tentative tax liability on or before the original due date of the return (see "When should I file and pay?").

Who must file Form IL-505-B?

You must file Form IL-505-B if all of the following apply to you:

- you are a corporation, small business corporation, partnership, fiduciary, or an exempt organization and you cannot file your Form IL-1120, Form IL-1120-ST, Form IL-1065, Form IL-1023-C, Form IL-1041, or Form IL-990-T by the due date, and
- you complete the Tax Payment Worksheet on the back of this page and determine that you will owe a tentative tax, and
- you submit your payment by paper check or money order (i.e., you do not use any electronic means, such as electronic funds transfer, to make your payments).

If Line 9 of the worksheet shows you owe tentative tax, you must file this form and pay the full amount due. **An extension of time to file does not extend the amount of time you have to make your payment.**

Unitary group: If you are a member of a unitary business group that is filing a combined return, your designated agent must complete one Form IL-505-B for the entire group as though it is one taxpayer.

Federal consolidated group: If you are a member of a federal consolidated group, you must file a separate Form IL-505-B for each member that is required to file an Illinois tax return. We will not grant "blanket" or consolidated extensions.

Form IL-1023-C filers: If you are filing Form IL-505-B for an extension to file your Form IL-1023-C, you must write "666" in the "Sequence no." on this form.

Do not file Form IL-505-B if:

- after completing the Tax Payment Worksheet, you find that you do not owe additional tax, or
- you make your extension payment by **Electronic Funds Transfer**.

Note Please be aware that if an unpaid liability is disclosed when you file your return, you may owe penalty and interest charges in addition to the tax. See "What are the penalties and interest?"

What are the extensions?

Automatic Illinois extension — We grant you an automatic six-month (seven-month for corporations) extension to file your annual return whether or not you request the automatic extension. You are not IL-505-B front (R-12/09)

required to file Form IL-505-B to obtain this extension if no tentative tax is due.

Additional federal extension beyond six months — We will grant you an additional extension to file of more than six months (seven months for corporations) if the Internal Revenue Service (IRS) grants you an additional extension.

If you do not owe any tentative tax, you are not required to file Form IL-505-B. However, you **must attach** a copy of the approved federal extension to your annual return when you file it.

When should I file and pay?

You must file your completed form and pay any tentative tax amount you owe by the original due date of your tax return or as soon as you realize you owe tentative tax. This includes annual and short-year returns. The due date depends on the type of tax return that you file. Refer to the following list of return due dates.

All dates refer to the months following the close of the taxable year.

For	Due date
• corporations, subchapter S corporations	the 15th day of the 3rd month
• partnerships, fiduciaries, composites, exempt organizations (employee trusts only)	the 15th day of the 4th month
• exempt organizations (all others)	the 15th day of the 5th month
• cooperatives	the 15th day of the 9th month

Note If you file federal Form 1120, U.S. Corporation Income Tax Return, and the original due date is later than the 15th day of the 3rd month, your Form IL-1120 and your payment will be due at the same time as your federal Form 1120.

Make your check or money order payable to "Illinois Department of Revenue." Be sure to write your **FEIN, tax year, and "IL-505-B"** on your payment. Mail your Form IL-505-B, with your payment, to

**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045**

What are the penalties and interest?

Penalties — You will owe

- a **late-filing penalty** if you do not file a processable return by the extended due date;
- a **late-payment penalty** if you do not pay the tax you owe by the original due date of the return;
- a **bad check penalty** if your remittance is not honored by your financial institution.



Return only the bottom portion with your payment.



Illinois Department of Revenue

IL-505-B Automatic Extension Payment for 2009



If no payment is due or you make your payment by Electronic Funds Transfer, do not file this form.

Tax year ending

12 / 2009

Month Year

87 - 0777242

Federal employer identification number

Sequence no.

AMERICAN SOCIETY OF HAND THERAPISTS

Name of organization

15000 COMMERCE PARKWAY, NO. C

Street address

MOUNT LAUREL

NJ

08054

City

State

ZIP

(856) 439-0500

Daytime phone number

Write the amount of your payment here. 1,600 . 00

Tentative tax due

Make your check or money order payable to and mail this voucher to:

**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0067

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ▶
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization AMERICAN SOCIETY OF HAND THERAPISTS, INC C/O ASSOCIATION HEADQUARTERS	Employer identification number 87-0777242
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 15000 COMMERCE PARKWAY, NO. C	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT LAUREL, NJ 08054	

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

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

ASSOCIATION HEADQUARTERS, INC.

- The books are in the care of ▶ **15000 COMMERCE PARKWAY, SUITE C - MOUNT LAUREL, NJ 08054**
 Telephone No. ▶ **856-439-0500** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

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

3a 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.	3a	\$	8,663.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	5,463.
c Balance Due. Subtract line 3b from line 3a. 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 instructions.	3c	\$	3,200.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.