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# Form **990**

Department of the Treasury Internal Revenue Service

### **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

OMB No 1545-0047

2009

Open to Public Inspection

4 FO	r the 2	zuug calendar ye		1-01-2009 and ending 12-31-200	U <del>9</del>	D Employer ide	entification number							
_	•	oplicable Please use IRS	C Name of organization AMERICAN PHYSICAL THER	APY ASSOCIATION										
_	dress cha	label or	Doing Business As			13-151276 E Telephone n								
_	me char	type. See				(703) 684-	2782							
_	ial retur	Instruc-	Number and street (or P O 1111 NORTH FAIRFAX STRE	box if mail is not delivered to street addr	ess) Room/suite	<b>G</b> Gross receipts								
_	minated			IIII NOKIII FAIRFAA SIKEEI										
_	ended r		City or town, state or count ALEXANDRIA, VA 22314	ry, and ZIP + 4										
App	olication	pending	·		_									
			ame and address of princip t batarla	al officer		ıs a group retur								
		1111	NORTH FAIRFAX STREE	т	affilia	tes?	⊤Yes ▼ No							
		ALEX	ANDRIA,VA 22314		H(b) Are al	l affiliates includ	led?							
Ta	x-exem	pt status 🔽 5017	(c) ( 6 ) ◀ (insert no )	7(a)(1) or			(see instructions)							
				ip exemption nu	imber 🟲									
		: 🕨 www apta org	<u></u>		<u> </u>									
			ation Trust Association	Other ►	<b>L</b> Year of fo	rmation 1921	State of legal domicile VA							
Pa	rt I	Summary  Briefly described	the organization's mission	or most significant activities										
	1	•	2	ety, to meet the needs and interes	ts of its membe	ers, and to deve	lop and improve the art							
9		and science of pl	nysical therapy, including p	oractice, education, and research										
ankellidilike														
U														
<u>.</u>	2	Check this box 🕨	If the organization disc	ontinued its operations or dispose	d of more than	25% of its net	assets							
	3	Number of voting	members of the governing	body (Part VI, line 1a)		3	15							
<u>ن</u> نا	4	Number of indepe	endent voting members of t	he governing body (Part VI, line 1	b)	. 4	8							
Ē	5	Total number of	employees (Part V , line 2a	)			222							
Activities &	6	Total number of	olunteers (estimate if nec	essary)		6	1,500							
•	7a	Total gross unre	ated business revenue fro	m Part VIII, column (C), line 12		7:	<b>a</b> 2,791,574							
	b	Net unrelated bu	siness taxable income fron	n Form 990-T, line 34		7	<b>b</b> -336,499							
					Prio	r Year	Current Year							
gı.	8	Contributions a	nd grants (Part VIII, line 1	h)	•	132,186	391,451							
ii.	9		e revenue (Part VIII, line 2		27,695,122	28,527,952								
Rayente	10		ome (Part VIII, column (A	•	489,099	1,075,825								
_	11			s 5, 6d, 8c, 9c, 10c, and 11e)		3,685,555	3,104,990							
	12			ust equal Part VIII, column (A), lıı	ne	32,001,962	33,100,218							
	13			column (A), lines 1-3)		581,882	917,884							
	14	Benefits paid to	or for members (Part IX, o	olumn (A), line 4)			0							
ωh	15		compensation, employee b	enefits (Part IX, column (A), lines	5 –	16.072.040	17.024.600							
Expenses	4.5-	10)	donorous for a (Doub IV)			16,072,840	17,834,689							
<u>∓</u>	16a			umn (A), line 11e)			0							
ŭ	ь	_	rpenses (Part IX, column (D), lin	•		16 275 502	45.500.450							
	17	•		s 11a-11d, 11f-24f)	•	16,275,503	15,532,152							
	18 19			qual Part IX, column (A), line 25)		-928,263	34,284,725							
w 92	19	Revellue less e	Apenses Subtract line 18	from line 12	Beginning	g of Current	-1,184,507							
ner Assers or Fund Balances						ear	End of Year							
# 2 2 2 3	20	Total assets (P	art X, line 16)			31,962,037	33,747,623							
32	21	Total liabilities	(Part X, line 26)			18,897,923	19,816,976							
	22			21 from line 20		13,064,114	13,930,647							
Pai	rt II	Signature B												
				amined this return, including accompanyin tion of preparer (other than officer) is bas										
		l <del></del>												
Sign Iero		Signature of off	cor		2010- Date	11-15								
ш	=	[,			Date									
		robert batarla c Type or print na	hief financial officer me and title											
	I	<b>       </b>		Date	Check if	Drenaror's identi	fying number							
اء!ء(		Preparer's signature		Check if self-	Preparer's identi (see instructions									
Paid Prop	arar'a	,			empolyed 🕨 🦳									
•	arer's Only	Fırm's name (or you if self-employed),	•			EIN ▶								
, <del>, , ,</del> (	only	address, and ZIP +	4 700 Spring Forest Road S											
			Raleigh, NC 27609			Phone no 🕨 (9	919) 719-6400 ———————————————————————————————————							
			urn with the preparer show											

## Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

to meet the physical therapy	needs of society,	to meet the needs and	ınterests of its	members,	and to develop	and improve t	he art and
science of physical therapy.	including practice	education, and resear	rc h				

					Form <b>990</b> (2009)
4e	Total program se	rvice expenses►\$			
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4d	Other program se	ervices (Describe in Schedule	O ) See also Additional Data f	or Description	
	Periodicals COMMUN BENEFITTED FROM F		ARDS AND DEVELOPMENTS IN PHYSIC	AL THERAPY PRACTICE, EDUCATIO	N AND RESEARCH READERS
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	education, research,	and professional development helpe	d promote and enforce professional st	andards in physical therapy	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Professional Services PHYSICAL THERAPY (		S THE MEMBERSHIP IN ACCREDITATIO	N, COMPETENCY REGULATIONS, A	ND PUBLIC RECOGNITION OF
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three and section 4947(a)(1) trusts a venue, if any, for each program	are required to report the am	•
	If "Yes," describe	these changes on Schedule O			
3	_	on cease conducting, or make	significant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these new services on Schedu	le O		
2	_		rogram services during the yea		┌ Yes ┌ No

Part IV	Check	klist o	f Reauire	he	Sched	ules
	CHEC	NIISL U	ı Keuuli	=u	ociieu.	uics

			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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
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	6		No
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.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
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	10	Yes	
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> "Yes," complete Schedule G, Part I	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 $I$	25a		
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	25b		
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	26		Νο
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	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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	36		
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	37		Νο
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	38	Yes	
		F	orm <b>990</b>	(2009)

	(2005)	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	
		1

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

1111 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314

(703) 684-2782

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

Se	ction A. Governing Body and Management					
	etion A. Governing Body and Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	15			
b	Enter the number of voting members that are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?	ınce t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the orga	anızatı	on's assets?	5		No
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockhold		rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following					
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)				W	
10-	December of the community of the communi			10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	•	o of such charters	10a	res	
	affiliates, and branches to ensure their operations are consistent with those of the or	rganız	ation?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
c	to conflicts?			12b	Yes	
	describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?	•		13	Yes	
14	Does the organization have a written document retention and destruction policy? $\;\;$ .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the		• •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the org	anızat	ion to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure			_00		<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed.					
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	1), 990	), and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ie orga	ınızatıor	n ►
	rob batarla					

## Part VIII 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 organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(A) (B)							( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total		•	•	•	•	•	•	•	•	•		•	•	•	•	1,966,296	0	412,14

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 12

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
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	4	Yes	
			163	
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	<b>F</b>		N o

#### **Section B. Independent Contractors**

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
cadmus professional communications po box 822934 philadelphia, PA 19182	printing of various publications	1,209,504
jım stamp company 24276 lee creek drive diamond bar, CA 91765	audio-visual services at conference	538,957
national board of medical examiners po box 48006 newark, NJ 07101	administration of certification exams	455,276
mandalay bay resort and casino 3950 las vegas blvd south las vegas, NV 89119	csm conference space	389,526
7111 WIISON NIVA SHITE 1117-333	commissions on ads placed in publication	278,009
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►20	) who received more than	

Νo

Form 990 (2009) Part VIII Statement of Revenue								
Parte		Statement o	i 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
#\$ #	1a	Federated camp	paigns 1a					
渡	ь	Membership du	es <b>1b</b>					
% B	С	Fundraising eve	ents <b>1c</b>					
<u>≅</u> ,≅	d	Related organiz	ations <b>1d</b>					
ě,Œ	e	Government grants	s (contributions) <b>1e</b>					
er s	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	391,451				
들은	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$			391,451			
<u>O a</u>	h	lotal. Add lines	: 1a-1f		391,431			
Ele	2a	member dues		Business Code	12 515 547	12 515 547		
ever	b	conferences & mee	atings	900,099	13,515,547	13,515,547		1 969 042
α. Έξ	, c	accreditation and e	_ <del>-</del>	900,099	5,518,520	3,650,477		1,868,043
Š	d	periodicals		900,099	3,728,467 3,498,719	3,728,467 1,755,711	1 742 009	
Ŧ	e e	other staff services		900,099			1,743,008	
Ē	f		m service revenue	900,099	1,218,133	1,218,133	1 049 566	
Program Serwce Revenue	'	All other progra	iiii service revellue		1,048,566		1,048,566	
	g		2a-2f		28,527,952			
	3		ome (including dividend	. F	507,297			507,297
	4		ar amounts) tment of tax-exempt bond	F	307,237			307,237
	5				2,428,183			2,428,183
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,603,654					
		assets other than inventory						
	ь	Less cost or other basis and	4,035,126					
		sales expenses	560 520					
	r C	Gain or (loss)	568,528	▶	568,528			568,528
	d 8a	Gross income fi	s)		300,320			300,320
<u> </u>		events (not incl						
Other Revenue		\$ of contributions	reported on line 1c)					
Rev		See Part IV, lin						
<u>.</u>			a					
듔	b c		penses <b>b</b> loss) from fundraising	events 🕨				
_	9a		rom gaming activities					
		See Part IV, lin	e 19					
	١.		a					
	b c		penses <b>b</b> loss) from gaming activ	vities				
		Gross sales of i						
		returns and allo						
	Ь	less soot of -	a pods sold b	1,262,189				
	c		loss) from sales of inve	638,367 entory ►	623,822	623,822		
		Miscellaneous		Business Code	•	·		
	11a	write off prior ye	ear p	900,099	38,751	38,751		
	ь	miscellaneousi	ıncome	900,099	14,234	14,234		
	С							
	d	All other revenu	ne					
	е	Total. Add lines	: 11a-11d	🛌	52,985			
	12	Total revenue	See Instructions	▶				
	L				33,100,218	24,545,142	2,791,574	5,372,051 Form <b>990</b> (2009)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	l other organizations must complete column (A) but are not required to o		s (B), (C), and (B)	(D). (C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses			
1	Grants and other assistance to governments and organizations							
	in the U.S. See Part IV, line 21	876,884						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	41,000						
3	Grants and other assistance to governments,	41,000						
	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	1,451,224						
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	11,897,874						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,634,369						
9	Other employee benefits	1,910,090						
10	Payroll taxes	941,132						
11	Fees for services (non-employees)	, ,						
а	Management							
ь	Legal	226,233						
c	Accounting	107,894						
d	Lobbying	325,403						
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	71,776						
g	Other	2,025,175						
12	Advertising and promotion	224,774						
13	Office expenses	4,124,329			_			
14	Information technology	139,176						
15	Royalties				_			
16	Occupancy	1,150,990			_			
17	Travel	1,892,449						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,986,916			_			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	532,504						
23	Insurance	128,977						
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)							
а	distributions to sectio	1,022,674						
b	honoraria	654,670						
c	commissions	412,068						
d	dues and subscriptions	311,853						
e	bad debt	71,273						
f	All other expenses	123,018			_			
25	Total functional expenses. Add lines 1 through 24f	34,284,725						
26	Joint costs. Check here ► ☐ 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							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,100	1	1,100
	2	Savings and temporary cash investments			2,996,128		3,737,404
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net	•		778,298		815,376
	5	Receivables from current and former officers, directors, trustees	kay	amployees and	110,200	<del>-  </del>	
		highest compensated employees Complete Part II of	, кеу	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			7,791,663	7	7,510,626
8	8	Inventories for sale or use			446,000	8	360,616
⋖	9	Prepaid expenses and deferred charges			204,726	9	208,836
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	7,422,766			
	ь	Less accumulated depreciation	10b	5,812,846	1,845,849	10c	1,609,920
	11	Investments—publicly traded securities		17,398,404	11	18,964,584	
	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	499,869	15	539,161		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,962,037	16	33,747,623
	17	Accounts payable and accrued expenses .	2,374,629	17	2,576,614		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	13,768,683	20	14,182,692		
ē	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		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			2,754,611	25	3,057,670
	26	Total liabilities. Add lines 17 through 25			18,897,923	26	19,816,976
ې		Organizations that follow SFAS 117, check here $\blacktriangleright$ $\overline{\checkmark}$ and comp	let e li	nes 27			
Fund Balance		through 29, and lines 33 and 34.					
흥	27	Unrestricted net assets			12,658,915		13,510,550
ä	28	Temporarily restricted net assets			94,525		109,423
핕	29	Permanently restricted net assets	310,674	29	310,674		
FL		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
oľ	30	lines 30 through 34.				20	
Assets	30	Capital stock or trust principal, or current funds			30		
is si	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nus		13,064,114	32	13 030 647
Net	33	Total labelities and not posses (find belongs					13,930,647
	34	Total liabilities and net assets/fund balances			31,962,037	34	33,747,623

#### Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

physical therapy political action committee

If the organization answered "Yes." to Form 990, Part IV, Line 4, or Form 990-F7, Part VI, line 47 (Lobbying Activities), then

Se Se f the	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	thave filed Form 5768 (election under state NOT filed Form 5768 (election under state NOT filed Form 5768 (election under state), to Form 990, Part IV, Line 5 (Prozations Complete Part III	section 501(h)) Co nder section 501(h	omplete Part II-A Do r i)) Complete Part II-B	not coi Do n	mplet ot co	te Part II-B Implete Part	: II-A
	me of the organization ERICAN PHYSICAL THERAPY ASSOCIATION	N		Employe		tıfıc a	ation numbe	er
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c			org	janizatio	n.
1	Provide a description of the org	ganization's direct and indirect politic	al campaign activ	rities in Part IV				
2	Political expenditures			•	-	\$		
3	V olunteer hours							
	A.T. D. Commission is the same			\(\alpha\)				
	•	ganization is exempt under s		)(3).	<u> </u>			
1	Enter the amount of any excise tax incurred by the organization under section 4955							
2 3	· · · · · · · · · · · · · · · · · · ·					\$ <u> </u>	 ☐ Yes	
	·						∣ Yes □ Yes	_
4a	Was a correction made?						) res	No
b	If "Yes," describe in Part IV	ganization is exempt under s	section 501/c	\ except section	501	(c)	(3)	
1	•	nded by the filing organization for sec	-	•	<u> </u>	<u>.(c)</u>	<u>(3).</u>	
2		rganization's funds contributed to oth	•		-	→		
2	exempt funtion activities	rgamzation's lunus contributed to oth	ier organizations	ioi section 527	<b>F</b>	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	ınd on Form 1120	-POL, line 17b	<b> -</b>	_		
4	Did the filing organization file <b>F</b>			<b>,</b>		<sup>\$</sup> —	 ☐ Yes	
5	State the names, addresses ar were made For each organizat contributions received that we	orm 1120-POE for this year? and employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to littee (PAC) If additional space is ne	the filing organiz a separate politic	ation's funds Also e al organization, such	ntert	he ar	vhich payme mount of po	ents litical
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid of filing organization funds If none, end	n's	dıı	A mount on ntributions and prompt rectly delives	received tly and ered to a

52-6145303

1111 n fairfax street

alexandria, VA 22314

organization If none, enter-0-

960,651

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla								
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f								
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  The lobbying nontaxable amount is:  20% of the amount on line 1e								
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000								
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000	00 \$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	r \$17,000,000 \$1,000,000							
		•							
g	g Grassroots nontaxable amount (enter 25% of line 1f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

	nedule C (Form 990 or 990-EZ) 2009						<sup>2</sup> age <b>3</b>
Pa	complete if the organization is exe (election under section 501(h)).	empt under s	section 501(c)(3) and has N	NOT fi	iled Fo	rm 576	8
			-	(a)		(b)	
				Yes	No	A mou	ınt
1	During the year, did the filing organization attempt to in legislation, including any attempt to influence public op through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in exp	enses reported	on lines 1c through 1i)?				
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government	officials, or a le	gislative body?				
h	Rallies, demonstrations, seminars, conventions, speec	hes, lectures, o	any similar means?				
i	Other activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1:				'		
2a	Did the activities in line 1 cause the organization to be	not described ii	n section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under sec	ction 4912					
c	If "Yes," enter the amount of any tax incurred by organi	ızatıon manager	s under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, di	ıd ıt file Form 47	20 for this year?				
Par	rt III-A Complete if the organization is exe	mpt under s	section 501(c)(4), section 5	501(c	)(5), o	r sectio	on
	501(c)(6).						
_					_	Yes	+
1	Were substantially all (90% or more) dues received no				<b>⊢</b>	1	N o
2	Did the organization make only in-house lobbying expe				_	2	No
3	Did the organization agree to carryover lobbying and po					3 Yes	
Par	rt III-B Complete if the organization is exe						on
	501(c)(6) if BOTH Part III-A, lines answered "Yes".	ı and z are	answered No OKITPARTI	11-A,	line 3	ıs	
1	Dues, assessments and similar amounts from members	<u> </u>		1		13.5	15,547
2	Section 162(e) non-deductible lobbying and political ex		not include amounts of political				
	expenses for which the section 527(f) tax was paid).	•	•				
а	Current year			2a		2,0	72,849
b	Carryover from last year			2b		- 3	38,500
c	Total			2c		1,7	34,349
3	Aggregate amount reported in section 6033(e)(1)(A) n	otices of nonde	luctible section 162(e) dues	3		2,5	57,954
4	If notices were sent and the amount on line 2c exceeds does the organization agree to carryover to the reasona political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (	(see instruction	5)	5		- 8	33,605
Pá	art IV Supplemental Information						
	omplete this part to provide the descriptions required for F	Part I-A, line 1.	Part I-B, line 4, Part I-C. line 5. an	d Part	II-B, line	1:	
	lso, complete this part for any additional information	, <b>-</b> ,	, , ,		,		
	Identifier Return Refe	rence	Explana	tion			

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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization AMERICAN PHYSICAL THERAPY ASSOCIATION 13-1512769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

	echiber varion Labellicities complete in the organiza	 anomerea res c	<del>• • • • • • • • • • • • • • • • • • • </del>	1 3 3 6 / 1 4 1 6 1 7 / 11 1 6 7 1
2	Purpose(s) of conservation easements held by the organization (checon preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation easement on the last day of the tax year	 Preservation of an	ertifie	ically importantly land area d historic structure onservation
				Held at the End of the Year
а	Total number of conservation easements		2a	

- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶\_
- Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

#### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$\_\_\_\_\_
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X
- For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

2b

2c

Part	Organizations Maintaining Co	Hections of Art	, HIS	TOFI	<u>cai ir</u>	easu	res, or c	tne	r Simila	r Asse	ets (co	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing tl	hat ar	e a significa	ant u	se of its c	ollectio	n	
а	Public exhibition		d	Γ	Loan o	rexcl	hange progi	ams				
ь	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ın hov	w the	/ furthe	r the c	organizatior	's ex	empt pur	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to Fo	rm 990	),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	ions o	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving ta	able		Г			A mo	ınt	
с	Paginning halance						_	1c		Allio	1111	
_	Additions during the year						-	1d				
	Additions during the year  Distributions during the year						<b> </b>	1e				
f	•						_	1f				
	Ending balance						L	-1	<u> </u>		Yes	
	Did the organization include an amount on Fo		e 217							ı	Yes	) No
	If "Yes," explain the arrangement in Part XIV				nd !!Vo.	.!! + !	Form 000	Day	+ T\/ lima	10		
Par	t V Endowment Funds. Complete	(a)Current Year		)Prior			rorm 990, vo Years Back		T IV, IINE Three Years		• <b>)</b> Four Y	ears Back
1a	Beginning of year balance	382,875	(5	<i>y</i>	555,733		ro rears back	(4,	Timee rears	Back (C	. <b>,</b> , ou	cars back
	Contributions							+				
	Investment earnings or losses	44,819			-105,243			+				
	Grants or scholarships	26,000			67,615							
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	401,694			382,875							
2	Provide the estimated percentage of the yea	r end balance held a	as					•		<u>'</u>		
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 77 000 % %											
	Term endowment ► 23 000 % %											
	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	re held	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations							٠		3a(i)		No
	(ii) related organizations					•		•		3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
4 Part						)0 D:	art V lina	10				
Paru	VI Investments—Land, Buildings	s, and Equipme	III. S						T			
	Description of investment				Cost or (		(b)Cost or o basis (othe		(c) Accun depreci		( <b>d</b> ) Bo	ok value
	and		•									
	Guildings		•									
	easehold improvements		•				2,069			219,650		849,860
	quipment		•				5,353	,256	4,	593,196		760,060
	) ther											
Total.	. A dd lines 1a-1e <i>(Column (d) should equal Fc</i>	rm 990, Part X, colur	nn (B,	), line	10(c).)				▶			1,609,920

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		, , , , , , , , , , , , , , , , , , , ,
(a) Description of security or category (including name of security)	( <b>b)</b> Book value		d of valuation f-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990. Part X. col (B) line 12 )			
<b>Part VIII</b> Investments—Program Related. See		<u>.</u> 13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	. ,	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
chapter dues payable section dues payable	422,352		
post-retirement benefit obligation	163,005 1,962,210		
deferred compensation	472,111		
capital lease	37,992		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	3,057,670		

Par	<b>12XII</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	]	
d	Other (Describe in Part XIV) 2d	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation		
Part X	Description of Uncertain Tax	Management has concluded that there are no uncertain tax		
	Positions Under FIN 48	positions as of December 31, 2009		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493319005240

OMB No 1545-0047

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Inspect ion

Name of the organization	COCIATION					Employer identification	on number
AMERICAN PHYSICAL THERAPY ASS	SOCIATION					13-1512769	
Part I General Information	on Grants and	l Assistance				·	
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	rd the grants or as	sıstance?			-	•	▽ Yes
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table					·		

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 Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
mcmillian scholarships	9	41,000			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 grants made by apta are approved by various committees and the board of directors Other than the large grant to the Foundation, grants are no more than \$20,000 and are usually around \$5,000

DLN: 93493319005240

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	RICAN PHYSICAL THERAPY ASSOCIATION					
			13-1512769			
Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pr		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Ė	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initiation fees			
	Discretionary spending account	Ĺ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee		y			
	Independent compensation consultant	ᅜ	·			
	Form 990 of other organizations	,  -	·			
	, Tomisso or other organizations	•	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organizatio	n		
а	Receive a severance payment or change-of-contro	l paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
۵	If "Vac" to line 9, did the organization also follow th	aa rabutt	able presumption presedure described in Pagulations			

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
john barnes	(ı) (ıı)	308,196 0	15,000 0	0	53,691	26,261 0	403,148 0	(
robert batarla	(ı) (ıı)	181,828 0	0 0	0	8,236 0	16,195 0	206,259 0	(
janet bezner	(ı) (ıı)	203,940	0	C	36,597 0	8, <b>4</b> 58 0	248,995 0	(
bonnie polvinale	(ı) (ıı)	180,638 0	0	C	31,119	2,075 0	213,832	(
ken harwood	(ı) (ıı)	163,680 0	0	C	29,914	20,396 0	213,990 0	(
john king	(ı) (ıı)	145,421 0	0	C	25,786 0	2,957 0	174,164 0	(
felicity clancy	(ı) (ıı)	146,899 0	0	C	17,334 0	1,663 0	165,896 0	(
justin moore	(ı) (ıı)	143,544 0	0	C	26,719 0	20,273	190,536 0	(
john bennett	(ı) (ıı)	171,270 0	0	C	30,454 0	17,738 0	219,462	(
lisa ruane	(I) (II)	140,880	0	C	25,196 0	11,082 0	177,158 0	(

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

## **Supplemental Information to Form 990**

2009

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

Name of the organization
AMERICAN PHYSICAL THERAPY ASSOCIATION

Employer identification number

13-1512769

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		members are physical therapists, physical therapist assistants, and students of physical therapy
Form 990, Part VI, Section A, line 7a		members elect the board of directors
Form 990, Part VI, Section A, line 7b		the house of delegates, which is made up of apta members, approves some decisions
Form 990, Part VI, Section B, line 11		the draft 990 will be reviewed by the full board at its early november meeting
Form 990, Part VI, Section B, line 12c		annually, at a board meeting, the board members sign off on the conflict of interest policy stating their conflicts, if any
Form 990, Part VI, Section B, line 15		comperable organization ceo salary data from surveys was used to establish the apta ceo's salary when he started with apta in july 2007. The CEO's compensation is reviewed annually. He is currently under a three-year contract from 2007-2010. His contract will be reviewed for renegotiation in 2010, his compensation was last reviewed in summer of 2010, key employee compensation is determined based on comperable survey data and an internal grade system.
Form 990, Part VI, Section C, line 19		apta makes its annual financial statements available to members on the apta wiebsite and in the pt magazine governing documents are available on the apta wiebsite in the members only area
		form 990, part vi, section a, line 1 five members of the board serve on the executive committee, who can act on behalf of the full board

DLN: 93493319005240

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization AMERICAN PHYSICAL THERAPY ASSOCIATION 13-1512769

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

(b) Primary activity (c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets **(f)** Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
american physical therapy properties inc					
1111 n faırfax street	title holding corporation	VA	501(c)(2)	n/a	N/A
alexandпa, VA 22314 54-1233877					
foundation for physical therapy					
1111 n faırfax street	fundraising and awarding of scholarships	VA	501(c)(3)	Line 9	N/A
alexandпa, VA 22314 13-6161225	or serioral simps				
physical therapy fund					
1111 n faırfax street	solicits scholarships for minorities	VA	501(c)(3)	Line 7	N/A
alexandria, VA 22314 54-1732481	minorities				
physical therapy political action committee					
1111 n faırfax street	political action committee	VA	527	n/a	N/A
alexandria, VA 22314 52-6145303					

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

chedu	le R (Form 990) 2009		Pa	age <b>3</b>
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> 0	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
<b>c</b> G	Gift, grant, or capital contribution from other organization(s)	1c		No
<b>d</b> L	oans or loan guarantees to or for other organization(s)	1d	Yes	
e L	oans or loan guarantees by other organization(s)	1e		No
				$oldsymbol{ol}}}}}}}}}}}}}}}}}$
<b>f</b> S	ale of assets to other organization(s)	1f		No
<b>g</b> P	Purchase of assets from other organization(s)	<b>1</b> g		No
h E	xchange of assets	1h		No
i Le	ease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		No
		L		┷
j L	ease of facilities, equipment, or other assets from other organization(s)	1j	Yes	$\perp$
<b>k</b> P	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m S	haring of facilities, equipment, mailing lists, or other assets	1m	Yes	
n S	Sharing of paid employees	<b>1</b> n	Yes	
		$\vdash$		┷
o R	Reimbursement paid to other organization for expenses	10		No
<b>p</b> R	Reimbursement paid by other organization for expenses	1р	Yes	+
		_	1	+
•	Other transfer of cash or property to other organization(s)	1q	1	No
r 0	ther transfer of cash or property from other organization(s)	1r		No

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 **(b)** Transaction type(a-r) (a) Name of other organization (c) Amount involved

Κ

(1) physical therapy political action committee

(1) See Additional Data Table

85,000

(2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
distributions to sectio	1,022,674			
honoraria	654,670			
commissions	412,068			
dues and subscriptions	311,853			
bad debt	71,273			

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
member dues	900,099	13,515,547	13,515,547			
conferences & meetings	900,099	5,518,520	3,650,477		1,868,043	
accreditation and exam	900,099	3,728,467	3,728,467			
periodicals	900,099	3,498,719	1,755,711	1,743,008		
other staff services	900,099	1,218,133	1,218,133			

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours	verage Position (check all						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
justin moore vp government affairs	35 00		•			Х		143,544	0	46,992
john bennett legal counsel	35 00					x		171,270	0	48,192
lısa ruane sr dırector member rela	35 00					X		140,880	0	36,278

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
nORTH CAROLINA chapter of apta316 w millbrook road raleigh,NC 27609	56-6058458	501(c)(6)	5,000				pr grants					
Ohio chapter of apta1085 beacher crossing gahanna,OH 43230	31-0824426	501(c)(6)	5,000				pr grants					
Oklahoma chapter of aptapo box 5354 edmound, OK 73083	23-7056789	501(c)(6)	5,000				pr grants					

Software ID:

**Software Version:** 

**EIN:** 13-1512769

Name: AMERICAN PHYSICAL THERAPY ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
foundation for physical therapy1111 north fairfax street alexandria,VA 22314	13-6161225	501(c)(3)	694,050				capital campaign, doctoral scholarships, and operating expenses
washington chapter of apta 208 rogers street nw olympia, WA 98502	91-6035954	501(c)(6)	20,000				advocacy grants
oregon chapter of apta147 se 102nd street portland,OR 97216	93-6024785	501(c)(6)	10,000				advocacy grants
arkansas chapter of aptapo box 140351 anchorage, AK 99514	92-0065723	501(c)(6)	5,000				pr grants
arızona chapter of apta3933 s mcclintock drive tempe, AZ 85282	23-7388105	501(c)(6)	5,000				pr grants
kansas chapter of apta214 sw 6th avenue topeka,KS 66603	48-6117542	501(c)(6)	5,000				pr grants
minnesota chapter of apta970 raymond avenue st paul, MN 55114	41-1325187	501(c)(6)	5,000				pr grants
Mississippi chapter of apta 1111 north fairfax street Alexandria, VA 22314	64-0711091	501(c)(6)	5,000				pr grants
New jersey chapter of apta 1100 US HIGHWAY 130 ROBBINSVILLE,NJ 08691	51-0204505	501(c)(6)	5,000				pr grants
nevada chapter of apta7121 W CRAIG BLVD LAS VEGAS,NV 89129	88-0132607	501(c)(6)	5,000				pr grants

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-1512769

Name: AMERICAN PHYSICAL THERAPY ASSOCIATION

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) conferences/combined sections meeting PROMOTES INFORMATIONAL EXCHANGE IN AREAS SUCH AS PRACTICE, EDUCATION,

RESEARCH, AND REGULATIONS THE TWO MAJOR ANNUAL CONFERENCES WERE ATTENDED BY APPROXIMATELY 10,000, WITH APTA MEMBERSHIP OF APPROXIMATELY 75,000 MEMBERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		<b>(C)</b> ition (ch that app		Ш		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	<u>⊼</u>	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
r scott ward president	20 00	Х	×				25,000	0	0
randy roesch vice president first hal	20 00	Х	×				5,000	0	0
paul a rockar jr vice president	20 00	Х	×				10,000	0	0
babette s sanders secretary	20 00	Х	×				10,000	0	0
connie d hauser treasurer	20 00	Х	×				10,000	0	0
shawne e soper house speaker	20 00	Х	×				10,000	0	0
laurita m hack house vice speaker	20 00	Х	×				10,000	0	0
william b bandy director first half	20 00	Х					5,000	0	0
sharon I dunn dırector	20 00	Х					10,000	0	0
kevın hulsey dırector	20 00	Х					10,000	0	0
dianne v jewell director	20 00	Х					10,000	0	0
aımee b kleın dırector	20 00	Х					10,000	0	0
kathleen k mairella director second half	20 00	X					5,000	0	0
stephen C f mcdavitt director	20 00	X					10,000	0	0
lısa saladın dırector	20 00	Х					10,000	0	0
mary sınnott dırector second half	20 00	Х					5,000	0	0
nıcole stout dırector second half	20 00	Х					5,000	0	0
john g wallace director first half	20 00	X					5,000	0	0
john barnes chief executive officer	35 00		×				323,196	0	79,952
robert batarla vp finance & facilities/	35 00		×				181,828	0	24,431
janet bezner deputy executive directo	35 00			X			203,940	0	45,055
bonnie polvinale vp member relations	35 00			Х			180,638	0	33,194
ken harwood vp practice & education	35 00			X			163,680	0	50,310
john king chief information office	35 00				Х		145,421	0	28,743
felicity clancy V p communications	35 00				X		146,899	0	18,997