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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

2009Open 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
- ☐ Termin-
ated
- ☐ Amended
return
- ☐ Applica-
tion
pending

Please
use IRS
label or
print or
typeSee
Specific
Instruc-
tions**C Name of organization****AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

City or town, state or country, and ZIP + 4
**11000 BROKEN LAND PARKWAY
COLUMBIA, MD 21044****F Name and address of principal officer: LORRAINE TARNOVE
SAME AS C ABOVE****D Employer identification number****52-1950426****E Telephone number****410-740-9743****G Gross receipts \$ 4,083,901.****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 ▶**I Tax-exempt status:** ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.AMDA.COM****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1978 **M State of legal domicile** MD**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMDA IS THE NATIONAL PROFESSIONAL ASSOCIATION COMMITTED TO CONTINUOUS IMPROVEMENT OF			
	2	Check this box ☐ 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)	13		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13		
	5	Total number of employees (Part V, line 2a)	29		
	6	Total number of volunteers (estimate if necessary)	200		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (A), line 7a	197,199.	
7b		Net unrelated business taxable income from Form 990-T, line 34	<16,688.>		
Expenses	8	Contributions and grants (Part VIII, line 1h)	1,022,550.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,880,795.	642,571.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,747.	3,406,071.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,955.	8,617.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,252,047.	26,642.	4,083,901.
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)	1,537,944.	1,718,261.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,598,977.	2,606,306.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,136,921.	4,324,567.	
	19	Revenue less expenses. Subtract line 18 from line 12	115,126.	<240,666.>	
	20	Total assets (Part X, line 16)	3,334,865.	2,815,851.	
	21	Total liabilities (Part X, line 26)	1,349,054.	1,102,568.	
22	Net assets or fund balances. Subtract line 21 from line 20	1,985,811.	1,713,283.		

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.

Sign
Here**Lorraine Tarnove, Executive Director**

Signature of officer

7/7/10
Date**LORRAINE TARNOVE, EXECUTIVE DIRECTOR**

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4**RIBIS, JONES & MARESCA, P.A.
10500 LITTLE PATUXENT PARKWAY, SUITE 770
COLUMBIA, MD 21044**

Date

7/1/10

Check if
self-
employedPreparer's identifying number
(see instructions)

EIN ▶

Phone no ▶ 410-884-0220

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

☒ Yes ☐ No

932001 02-04-10

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

913
25

SCANNED AUG 13 2010

AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE AMERICAN MEDICAL DIRECTORS ASSOCIATION (AMDA) IS THE PROFESSIONAL
ASSOCIATION OF MEDICAL DIRECTORS AND PHYSICIANS PRACTICING IN THE LONG
TERM CRE CONTINUUM, DEDICATED TO EXCELLENCE IN PATIENT CARE BY
PROVIDING EDUCATION, ADVOCACY, INFORMATION AND PROFESSIONAL
- 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?
If "Yes," describe these changes on Schedule O. ☐ Yes ☒ No
- 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
ANNUAL SYMPOSIUM IS THE PRIMARY EDUCATION VEHICLE FOR THE PREFERRED
"LIVE" CME EDUCATION. IT IS DEVELOPED BY THE PROGRAM COMMITTEE
(APPOINTED BY THE PRESIDENT) AND SESSIONS COME FROM THE CALL FOR
PRESENTATIONS. THE PROGRAM COMMITTEE ANALYZES DATA FROM PAST MEETINGS
AND AN ENVIRONMENTAL SCAN TO DETERMINE THE NEEDS OF POTENTIAL LEARNERS.
AS AN ACCME ACCREDITED PROVIDER OF CME, AMDA MUST GO THROUGH A RIGOROUS
PROCESS INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST. OVER THE YEARS,
THE SYMPOSIUM HAS EXPANDED OFFERINGS IN RESPONSE TO THE NEEDS OF
ATTENDEES. IT IS THE ONLY NATIONAL MEETING THAT IS FOCUSED ON THE
NEEDS OF THE LONG TERM CARE PHYSICIAN AND THE INTERDISCIPLINARY TEAM
THAT HE/SHE LEADS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
MEMBERSHIP IS THE BASIS FOR THE ASSOCIATION'S EXISTENCE. THE BYLAWS
OUTLINE A STRUCTURE THAT INCLUDES THE GRASS ROOTS IN ALL MAJOR
DECISION-MAKING AND CREATES VEHICLES FOR MEMBERS TO AFFECT THE WORK
TOWARDS THE MISSION OF THE ASSOCIATION, IMPROVING PATIENT CARE IN LONG
TERM CARE FACILITIES OF EVERY TYPE. MEMBERSHIP IDENTIFIES THOSE IN NEED
OF OUR SERVICES AND SEEKS THEM OUT. ONCE ENROLLED MEMBERSHIP MAINTAINS
THEIR MEMBERSHIP RECORDS AND DUES, AND DEVELOPS BENEFITS THAT FULFILL
THE NEEDS OF THE MEMBERS INCLUDING INSURANCE, PUBLICATIONS, WEB
INFORMATION AND EDUCATION, AWARDS AND OTHER RECOGNITION.

FOR THE YEAR ENDED DECEMBER 31, 2009 THERE WERE APPROXIMATELY 3,700
INDIVIDUAL MEMBERS AND APPROXIMATELY 1,600 CORPORATE MEMBERS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CLINICAL AFFAIRS PROVIDES INFORMATION, EDUCATION, AND PRACTICE
GUIDELINES ON THE CLINICAL ISSUES FACING PHYSICIANS WHO CARE FOR
PATIENTS IN LONG TERM CARE. GUIDED BY THE CLINICAL AFFAIRS COMMITTEE,
THE CLINICAL AFFAIRS STAFF DEVELOP CLINICAL PRACTICE GUIDELINES,
INFORMATION KITS, TOOL KITS AND OTHER INFORMATION ON CLINICAL CARE
APPROACHES AND MEASUREMENTS. AMDA'S CPGS ARE NATIONALLY RECOGNIZED AND
ACCEPTED AS KEY PRACTICE TOOLS FOR ADDRESSING 30 CONDITIONS THAT
COMMONLY OCCUR IN THE LONG TERM CARE POPULATION. THEY PROVIDE A
PROCESS THAT CAN BE USED IN ALL CLINICAL CONDITIONS AND AS SUCH,
ENABLES PRACTITIONERS TO ADDRESS A WIDE VARIETY OF CLINICAL SITUATIONS
THAT OCCUR IN LONG TERM CARE PATIENTS. CLINICAL AFFAIRS ALSO TRAINS
PHYSICIANS AND OTHER PROFESSIONALS ON THE IMPLEMENTATION OF CPGS AND

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$

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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>		
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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>	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
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? <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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	44	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	29	
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	13	
1b Enter the number of voting members that are independent	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►MD**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
DEBBIE ADDISON, DIRECTOR OF ADMINISTRATION - 410-740-9743
11000 BROKEN LAND PARKWAY # 400, COLUMBIA, MD 21044

Form **990** (2009)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID A. BRECHTELSBAUER PRESIDENT	2.00	X						0.	0.	0.
PAUL R KATZ PRESIDENT-ELECT	2.00	X						0.	0.	0.
KARYN LEIBLE VICE PRESIDENT	2.00	X						0.	0.	0.
LEONARD R. HOCK CHAIR, HOUSE OF DELEGATE	2.00	X						0.	0.	0.
MATTHEW S. WAYNE SECRETARY	2.00	X						0.	0.	0.
JONATHAN M. EVANS TREASURER	2.00	X						0.	0.	0.
J. KENNETH BRUBAKER BOARD REPRESENTATIVE	2.00	X						0.	0.	0.
HEIDI K. WHITE BOARD REPRESENTATIVE	2.00	X						0.	0.	0.
JEFFREY NICHOLS BOARD REPRESENTATIVES	2.00	X						0.	0.	0.
WILLIAM D. SMUCKER BOARD REPRESENTATIVE	2.00	X						0.	0.	0.
WILLIAM N. HOVLAND BOARD REPRESENTATIVE	2.00	X						0.	0.	0.
CHARLES A. CRECELIUS IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
PETER WINN BOARD REPRESENTATIVE	2.00	X						0.	0.	0.
LORRAINE TARNOVE EXECUTIVE DIRECTOR	40.00			X				257,182.	0.	0.

**AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								257,182.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KATHLEEN WILSON, PHD 3913 FOXHILL DRIVE, ELLICOTT CITY, MD 21042	DIRECTOR OF GOVERNMENT AFFAIRS	129,017.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

Form 990 (2009)

**AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Form 990 (2009)

52-1950426 Page **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	642,571.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			642,571.			
Program Service Revenue	2 a ANNUAL MEETING REGISTR	Business Code	611710	1,284,131.	1,284,131.		
	b MEMBERSHIP DUES		900099	890,456.	890,456.		
	c PUBLICATIONS		511120	588,225.		173,644.	414,581.
	d PRODUCT SALES-CLINICAL		511190	344,679.	344,679.		
	e OTHER MEETING REVENUE		900099	154,500.	154,500.		
	f All other program service revenue		900099	144,080.	144,080.		
	g Total. Add lines 2a-2f			3,406,071.			
	3 Investment income (including dividends, interest, and other similar amounts)			8,617.			8,617.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			33,356.			33,356.	
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a ADMINISTRATION REIMBUR		900099	23,555.		23,555.	
	b OTHER		900099	5,207.	5,207.		
c REVENUE FROM FOR PROFI		541900	<35,476.>			<35,476.>	
d All other revenue							
e Total. Add lines 11a-11d			<6,714.>				
12 Total revenue. See instructions			4,083,901.	2,823,053.	197,199.	421,078.	

**AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	275,199.			
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	1,168,824.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,537.			
9 Other employee benefits	91,840.			
10 Payroll taxes	118,861.			
11 Fees for services (non-employees):				
a Management				
b Legal	23,566.			
c Accounting	18,878.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	305,205.			
12 Advertising and promotion	91,283.			
13 Office expenses	76,399.			
14 Information technology	38,897.			
15 Royalties				
16 Occupancy	267,369.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,801.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,361.			
23 Insurance	21,662.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEALS/CATERING	291,207.			
b DUES AND SUBSCRIPTIONS	247,046.			
c PRINTING	230,854.			
d TECH WRITER/PUBLISHER	139,220.			
e AUDIO VISUAL	136,074.			
f All other expenses	618,484.			
25 Total functional expenses. Add lines 1 through 24f	4,324,567.			
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				

**AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	546,658.	1	157,252.
	2 Savings and temporary cash investments	1,386,264.	2	1,279,504.
	3 Pledges and grants receivable, net	119,500.	3	112,000.
	4 Accounts receivable, net	103,414.	4	450.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	258,056.	8	243,873.
	9 Prepaid expenses and deferred charges	128,981.	9	99,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	457,948.		
	10b Less: accumulated depreciation	134,927.		
		199,295.	10c	323,021.
	11 Investments - publicly traded securities	19,068.	11	24,080.
	12 Investments - other securities. See Part IV, line 11	47,933.	12	<19,405.>
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	500,000.	14	500,000.
15 Other assets. See Part IV, line 11	25,696.	15	95,187.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,334,865.	16	2,815,851.	
Liabilities	17 Accounts payable and accrued expenses	39,229.	17	55,409.
	18 Grants payable		18	
	19 Deferred revenue	1,109,057.	19	845,575.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	200,768.	25	201,584.
	26 Total liabilities. Add lines 17 through 25	1,349,054.	26	1,102,568.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,386,756.	27	1,229,061.
	28 Temporarily restricted net assets	599,055.	28	484,222.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,985,811.	33	1,713,283.
	34 Total liabilities and net assets/fund balances	3,334,865.	34	2,815,851.

Form 990 (2009)

AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.

Form 990 (2009)

52-1950426 Page 12

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Employer identification number
52-1950426

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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.

b 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 ► \$ _____

2 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:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		103,570.	48,267.	55,303.
e Other		354,378.	86,660.	267,718.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				323,021.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements
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Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returns	
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Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part XIV Supplemental Information

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **AMERICAN MEDICAL DIRECTORS ASSOCIATION, INC.**

Employer identification number
52-1950426

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.

Schedule J (Form 990) 2009

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Page 3

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.

PART I, LINE 1A: THE TOTAL DOLLAR AMOUNT OF THE EXECUTIVE DIRECTOR'S TRAVEL EXPENSES ARE BUDGETED AND APPROVED BY THE BOARD OF DIRECTORS IN ADVANCE OF EACH FISCAL YEAR. AT TIMES, THE EXECUTIVE DIRECTOR MAY CHOOSE TO USE THIS AMOUNT TOWARD THE EXPENSE OF FIRST CLASS TRAVEL.

PART I, LINE 1B: ALL TRAVEL ARRANGEMENTS ARE MADE BY THE ORGANIZATION'S STAFF AND CHARGED TO THE ORGANIZATION'S CREDIT CARD. CREDIT CARD BILLS ARE ROUTINELY REVIEWED FOR REASONABLENESS. THE EXECUTIVE DIRECTOR'S TRAVEL EXPENSES ARE REGULARLY COMPARED TO THE APPROVED BUDGET AND ANY MATERIAL VARIATIONS ARE INVESTIGATED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.

Employer identification number
52-1950426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY PATIENT CARE BY PROVIDING EDUCATION, ADVOCACY, INFORMATION, AND
PROFESSIONAL DEVELOPMENT FOR MEDICAL DIRECTORS AND ATTENDING PHYSICIANS
WHO PRACTICE IN THE LONG TERM CARE CONTINUUM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

QUALITY IMPROVEMENT PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AMDA DISTRIBUTES AND ARTICULATES INFORMATION ON ISSUES OF CONCERN AT
THE STATE AND NATIONAL LEVEL WITH LEGISLATIVE AND REGULATORY
CONSEQUENCES. PRODUCTS ARE DEVELOPED TO ASSIST MEMBERS WITH THE
CLINICAL CARE PROCESS, CODING, REIMBURSEMENT AND DOCUMENTATION,
SYNOPSIS OF FEDERAL REGULATION, MODEL CONTRACT AGREEMENT AND PHYSICIAN
TOOL KITS.

PROFESSIONAL DEVELOPMENT: AMDA HAS DEVELOPED A CURRICULUM FOR SIX
MEETINGS AND THE CRITERIA FOR THE RELATED SELF STUDY EXAMS. AMDA HAS
FOLLOWED THE PROTOCOL FOR ACCME CERTIFICATION AND IN 2008, RECEIVED
RENEWAL OF ITS CERTIFICATE FOR FOUR MORE YEARS.

PUBLICATIONS: THE ASSOCIATION HAS TWO PUBLICATIONS: JOURNAL OF AMERICAN
DIRECTORS ASSOCIATION ("JAMDA"), A BI-MONTHLY PEER REVIEWED JOURNAL,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.

Employer identification number
52-1950426

AND A MONTHLY NEWS LETTER CALLED "CARING FOR THE AGES", FOR LONG TERM
CARE PRACTITIONERS.

FORM 990, PART VI, SECTION A, LINE 6: AMDA IS A MEMBERSHIP ORGANIZATION
WHICH HAS APPROXIMATELY 5,300 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: AMDA'S MEMBERS ELECT DELEGATES TO
THE ORGANIZATION'S HOUSE OF DELEGATES. THE HOUSE OF DELEGATES IS COMPRISED
OF ONE DELEGATE PER 25 REGULAR AMDA MEMBERS PER STATE AND THREE ADDITIONAL
REPRESENTATIVES FROM THE HOUSE OF DELEGATES TO THE BOARD OF DIRECTORS. THE
HOUSE OF DELEGATES ELECTS DIRECTORS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: AMDA'S MANAGEMENT REVIEWS THE 990
AS IT IS PREPARED. THE TREASURER REVIEWS THE 990 ON BEHALF OF THE BOARD.
ONCE APPROVED, THE 990 IS SHARED WITH THE BOARD OF DIRECTORS AT THE NEXT
AVAILABLE MEETING FOLLOWING PREPARATION OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE EXECUTIVE DIRECTOR
REVIEWS ALL SUBMITTED CONFLICT OF INTEREST STATEMENTS. THE EXECUTIVE
DIRECTOR REQUIRES THAT ALL MISSING OR INCOMPLETE FORMS BE PROPERLY
COMPLETED.

FORM 990, PART VI, SECTION B, LINE 15: AT THE TIME OF INITIAL HIRE, THE
BOARD OF DIRECTORS REFERS TO COMPARATIVE DATA, SUCH AS PUBLISHED
COMPENSATION SURVEYS AND REVIEW OF SIMILAR ORGANIZATIONS' FORMS 990, TO
DETERMINE AN APPROPRIATE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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THE EXECUTIVE DIRECTOR IS THEN OFFERED A FIVE YEAR EMPLOYMENT CONTRACT. AT EACH CONTRACT RENEWAL PERIOD, THE COMPENSATION PACKAGE IS AGAIN REVIEWED BY THE INDEPENDENT BOARD, AND COMPARED TO INDUSTRY STANDARDS AND PRIOR YEARS' COMPENSATION.

AMDA REVIEWS COMPENSATION INFORMATION FOR OTHER EMPLOYEES ANNUALLY. COMPENSATION INFORMATION IS COMPARED TO THE PUBLISHED "ASSOCIATION COMPENSATION AND BENEFITS STUDY".

FORM 990, PART VI, SECTION C, LINE 19: AMDA RETAINS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS. WHEN A REQUEST IS RECEIVED, AMDA SHARES THE INFORMATION WITH THE REQUESTER IN THE FORMAT CHOSEN BY THE REQUESTER. FEES ARE CHARGED AS ALLOWED BY LAW. IN ADDITION, GUIDESTAR.ORG MAINTAINS COPIES OF THE ORGANIZATION'S 990S FOR PERUSAL BY THE PUBLIC.

FORM 990, PART XI, LINE 2C

AMDA'S BOARD OF DIRECTORS HAS DELEGATED THE AUTHORITY FOR SUPERVISION OF THE AUDIT TO THE FINANCE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2009**Open to Public Inspection****Name of the organization****AMERICAN MEDICAL DIRECTORS ASSOCIATION, INC.****Employer identification number**
52-1950426**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN MEDICAL DIRECTORS ASSOCIATION FOUNDATION - 52-1948720, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD 21044	THE FOUNDATION FUNDS RESEARCH PROJECTS AND EDUCATES PROFESSIONALS.	MARYLAND	501(C)(3)	9	N/A
AMERICAN MEDICAL DIRECTORS CERTIFICATION PROGRAM - 52-1920740, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD 21044	CERTIFYING MEDICAL DIRECTORS OF LONG TERM CARE FACILITIES	MARYLAND	501(C)(6)		N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule R (Form 990) 2009**

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

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

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**AMERICAN MEDICAL DIRECTORS ASSOCIATION,
INC.**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICAN MEDICAL DIRECTORS ASSOCIATION FOUNDATION	P	0.
(2) AMERICAN MEDICAL DIRECTORS CERTIFICATION PROGRAM	P	0.
(3) AMERICAN MEDICAL DIRECTORS ASSOCIATION FOUNDATION	B	0.
(4) AMERICAN MEDICAL DIRECTORS CERTIFICATION PROGRAM	B	0.
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]