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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization SECTION ON HEALTH POLICY AND ADMIN OF THE AMERICAN PHYSICAL THERAPY ASSOC	
Number and street (or P O box, if mail is not delivered to street address)	Room/suite PO BOX 4553
City or town, state or country, and ZIP + 4 MISSOULA, MT 59806	

D Employer identification number

34-1179218

E Telephone number

(877) 636-4408

F Group Exemption
Number ►G Accounting method Cash Accrual Other (specify) ► _____I Website: ► WWWAPTAHPA.ORGJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 199,639

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

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	83,878
3	Membership dues and assessments	3	92,019
4	Investment income	4	11,257
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6d	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	12,485
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	199,639
10	Grants and similar amounts paid (list in Schedule O)	10	15,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	89,144
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	20,145
16	Other expenses (describe in Schedule O)	16	84,927
17	Total expenses. Add lines 10 through 16	17	209,216
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,577
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	227,138
20	Other changes in net assets or fund balances (explain in Schedule O)	20	14,615
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	232,176

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)

	(A) Beginning of year	(B) End of year	
22	227,138	22	232,176
		23	
		24	
	227,138	25	232,176
	0	26	0
	227,138	27	232,176

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

EDUCATION ON HEALTH POLICY ISSUES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 NEWSLETTERS AND CONTINUING EDUCATION PROGRAMS

(Grants \$ 0)

If this amount includes foreign grants, check here **28a**

0

29

(Grants \$)

If this amount includes foreign grants, check here **29a****30**

(Grants \$)

If this amount includes foreign grants, check here **30a****31 Other program services (describe in Schedule O)**

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 *Section 501(c)(7) organizations.* Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40a

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e Yes No

41 List the states with which a copy of this return is filed 41

42a The organization's books are in care of 42a **ROBIN L CHILDERS** Telephone no 42a **(406) 251-5232**
PO BOX 4553
Located at 42a **MISSOULA, MT** ZIP + 4 42a **59806**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Yes No
If "Yes," enter the name of the foreign country 42b
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No
If "Yes," enter the name of the foreign country 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.* 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ* 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
44a	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
44b	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
44c	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
44d	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45		No
45a		No
46		No

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

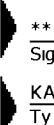
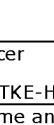
50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here	***** Signature of officer KATHLEEN LUEDTKE-HOFFMANN TREASURER Type or print name and title	2011-03-31 Date
	Preparer's signature  RON RAMSBACHER	Date
Paid Preparer's Use Only	Preparer's signature  JUNKERMIERCLARKCAMPANELLASTEVENS PC Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 16237 MISSOULA, MT 59808	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (406) 549-4148

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-1179218
Name: SECTION ON HEALTH POLICY AND ADMIN
OF THE AMERICAN PHYSICAL THERAPY ASSOC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICK GAWENDA 7913 CREEK BEND DR YPSILANTI, MI 481976204	PRESIDENT 1 00	0	0	0
SUZANNE BROWN 874 AMERICAN PACIFIC DRIVE HENDERSON, NV 89014	VICE PRESIDENT 1 00	0	0	0
KERRY R WOOD 145 BIRCHWOOD DRIVE COLCHESTER, VT 05446	SECRETARY 1 00	0	0	0
ROBIN CHILDERS PO BOX 4553 MISSOULA, MT 59806	EXECUTIVE DIRECTOR 20 00	0	0	0
KATHLEEN LUEDTKE-HOFFMANN 2722 WOODS LANE GARLAND, TX 750442808	TREASURER 1 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**SECTION ON HEALTH POLICY AND ADMIN
OF THE AMERICAN PHYSICAL THERAPY ASSOC**Employer identification number**

34-1179218

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 11,257

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION SPONSORSHIP AMOUNT 9,884 DESCRIPTION MISC AMOUNT 1,550 DESCRIPTION ROYALTIES AMOUNT 1,051 TOTAL TO FORM 990-EZ, LINE 8 12,485

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RESEARCH GRANTEE NAME UNIVERSITY OF ROCHESTER DATE OF GIFT 07/15/10 AMOUNT GIVEN 7,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RESEARCH GRANTEE NAME RICHARD STOCKTON COLLEGE OF NEW JERSEY DATE OF GIFT 07/15/10 AMOUNT GIVEN 7,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 15,000

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING & PROMOTIONAL MATERIALS AMOUNT 3,434 DESCRIPTION AUDIO VISUAL AMOUNT 9,948 DESCRIPTION SERVICE CHARGES AMOUNT 1,351 DESCRIPTION CONTRIBUTION AMOUNT 3,500 DESCRIPTION DISPLAY AMOUNT 930 DESCRIPTION HONORARIUM AMOUNT 7,263 DESCRIPTION TELEPHONE AMOUNT 2,458 DESCRIPTION TRAVEL AMOUNT 42,191 DESCRIPTION MEETING EXPENSES AMOUNT 12,236 DESCRIPTION MISCELLANEOUS AMOUNT 318 DESCRIPTION SUPPLIES AMOUNT 1,298 TOTAL TO FORM 990-EZ, LINE 16 84,927

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NET UNREALIZED GAINS ON INVESTMENTS AMOUNT 14,615

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: SECTION ON HEALTH POLICY AND ADMIN
OF THE AMERICAN PHYSICAL THERAPY ASSOC

EIN: 34-1179218

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.