



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



'990

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)

OMB No 1545-0047

2010

Open to Public
Inspection

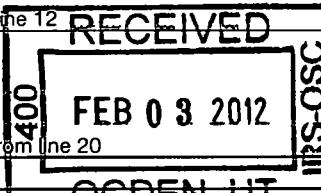
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning JUN 1, 2010 and ending MAY 31, 2011

B Check if applicable	C Name of organization AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.		D Employer identification number 53-0239502
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As		E Telephone number 301-581-9200
Number and street (or P.O. box if mail is not delivered to street address) 9312 OLD GEORGETOWN ROAD		Room/suite	G Gross receipts \$ 12,500,101.
City or town, state or country, and ZIP + 4 BETHESDA, MD 20814-1646		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer GLENN B. GASTWIRTH, DPM SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status. <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
J Website: ► WWW.APMA.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	
L Year of formation 1912		M State of legal domicile MD	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NATIONAL PROFESSIONAL ASSOCIATION. ALL OF THE ORGANIZATIONS ACTIVITIES ARE IN SUPPORT OF		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 61	
	6 Total number of volunteers (estimate if necessary)	6 250	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 481,790.	
b Net unrelated business taxable income from Form 990-T, line 34	7b <37,161. >		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 297,824.	Current Year 301,419.
	9 Program service revenue (Part VIII, line 2g)	11,317,783.	11,257,909.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	316,172.	301,530.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	587,058.	639,243.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,518,837.	12,500,101.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,591.	341,161.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,549,233.	5,943,780.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,493,378.	6,064,441.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,469,202.	12,349,382.
	19 Revenue less expenses. Subtract line 18 from line 12	49,635.	150,719.
	20 Total assets (Part X, line 16)	Beginning of Current Year 18,488,258.	End of Year 20,746,356.
21 Total liabilities (Part X, line 26)	4,255,147.	4,152,691.	
22 Net assets or fund balances Subtract line 21 from line 20	14,233,111.	16,593,665.	

Part II Signature Block	
Sign Here	Signature of officer Glenn B. Marshall, DPM
	Date 1/24/2012
	Type or print name and title EXECUTIVE DIRECTOR



SCANNED FEB 15 2012	5 Net Assets or Fund Balances				
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 Glenn B. Marshall, DPM				
	Date 1/24/2012				
	Type or print name and title EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name DONALD K. MARSHALL	Preparer's signature 	Date JAN 04 2012	Check <input type="checkbox"/> Employed	PTIN 1234567890
	Firm's name ► DEMBO JONES HEALY PENNINGTON & MARSHALL	Firm's EIN ►			
	Firm's address ► 6010 EXECUTIVE BOULEVARD, SUITE 900 ROCKVILLE, MD 20852	Phone no. (301) 770-5100			

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

 Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION 14

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Form 990 (2010)

53-0239502 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

THE ASSOCIATION ADVANCES AND ADVOCATES FOR THE PROFESSION OF PODIATRIC MEDICINE AND SURGERY FOR THE BENEFIT OF ITS MEMBERS AND THE PUBLIC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

SCIENTIFIC AFFAIRS -

-DEVELOPED, COORDINATED, AND MANAGED THE CME EDUCATIONAL PROGRAM AT THE APMA ANNUAL SCIENTIFIC MEETING-THE NATIONAL HELD IN SEATTLE, WA IN JULY 2010.

-DEVELOPED, COORDINATED, AND MANAGED ASPECTS OF THE REGIONAL LECTURE SERIES PROGRAM FEATURING PROGRAMS ON PODIATRIC HISTOPATHOLOGY, DIABETIC FOOT CARE, AND PERIPHERAL ARTERIAL DISEASE WITH COORDINATED IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY AT MULTIPLE REGIONAL LOCATIONS.

-MAINTAINED APMA DEVELOPED QUALITY MEASURES INCLUDING MANAGED NATIONAL QUALITY FORUM (NQF) ENDORSEMENT AND CONVERSION TO E-MEASURES AND COMMUNICATING WITH CMS REGARDING USE OF MEASURES IN PHYSICIANS QUALITY

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

COUNCIL ON PODIATRIC MEDICAL EDUCATION -

-CONDUCTED TWO-DAY WORKSHOP FOR 40 NEW AND EXPERIENCED EVALUATORS.

-COMPLETED A COMPREHENSIVE REVIEW AND REVISION OF THE STANDARDS AND PROCEDURES USED TO APPROVE PODIATRIC RESIDENCY PROGRAMS.

-CONDUCTED APPROXIMATELY 53 RESIDENCY ON-SITE EVALUATIONS AND TWO COLLEGE ON-SITE EVALUATION.

-APPROVED APPROXIMATELY 12 SPONSORS OF CONTINUING EDUCATION.

-STAFF CONDUCTED SEVERAL OPEN FORUMS AT NATIONAL CONFERENCE AND MEETINGS.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

LEGISLATIVE ADVOCACY -

-SUCCESSFULLY PROTECTED THE PROVISION OF HEALTH REFORM LEGISLATION TO PROHIBIT HEALTH PLANS FROM DISCRIMINATING AGAINST DOCTORS OF PODIATRIC MEDICINE.

-WORKED TO DEFINE PODIATRIC PHYSICIANS AS PHYSICIANS IN TITLE XIX.

-SUCCESSFULLY LOBBIED CONGRESS TO REPEAL THE 1099 TAX REPORTING REQUIREMENT FOR SMALL BUSINESSES.

-SUCCESSFULLY LOBBIED CONGRESS TO INCLUDE PODIATRIC PHYSICIANS UNDER THE DEFINITION OF ELIGIBLE PRACTITIONERS TO RECEIVE FINANCIAL INCENTIVES FOR THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND COMPLIANCE WITH ELECTRONIC MEDICAL RECORDS/ELECTRONIC HEALTH RECORDS REQUIREMENTS.

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

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

4e Total program service expenses ►

Form 990 (2010)

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 3

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*

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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

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*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*

b 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*

c 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*

d 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*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*

f 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 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then 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*

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV*

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? *If "Yes," complete Schedule F, Parts II and IV*

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? *If "Yes," complete Schedule F, Parts III and IV*

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? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

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*

20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	<input checked="" type="checkbox"/>	X
2	<input checked="" type="checkbox"/>	X
3	<input checked="" type="checkbox"/>	X
4	<input type="checkbox"/>	X
5	<input checked="" type="checkbox"/>	X
6	<input checked="" type="checkbox"/>	X
7	<input checked="" type="checkbox"/>	X
8	<input checked="" type="checkbox"/>	X
9	<input checked="" type="checkbox"/>	X
10	<input checked="" type="checkbox"/>	X
11a	<input checked="" type="checkbox"/>	X
11b	<input checked="" type="checkbox"/>	X
11c	<input checked="" type="checkbox"/>	X
11d	<input checked="" type="checkbox"/>	X
11e	<input checked="" type="checkbox"/>	X
11f	<input checked="" type="checkbox"/>	X
12a	<input checked="" type="checkbox"/>	X
12b	<input checked="" type="checkbox"/>	X
13	<input checked="" type="checkbox"/>	X
14a	<input checked="" type="checkbox"/>	X
14b	<input checked="" type="checkbox"/>	X
15	<input checked="" type="checkbox"/>	X
16	<input checked="" type="checkbox"/>	X
17	<input checked="" type="checkbox"/>	X
18	<input checked="" type="checkbox"/>	X
19	<input checked="" type="checkbox"/>	X
20a	<input checked="" type="checkbox"/>	X
20b	<input type="checkbox"/>	X

Form 990 (2010)

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 4

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? If "Yes," complete Schedule I, Parts I and II	21	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule J	23	<input checked="" type="checkbox"/>
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 lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<input type="checkbox"/>
c	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	<input type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	<input checked="" type="checkbox"/>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	<input type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	<input checked="" type="checkbox"/>
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	34	<input checked="" type="checkbox"/>
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	35	<input checked="" type="checkbox"/>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	37	<input checked="" type="checkbox"/>
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	38	<input checked="" type="checkbox"/>
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		

Form 990 (2010)

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Form 990 (2010)

53-0239502 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	208
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?	1c	
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	2a	61
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	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)?	4a	X
b If "Yes," enter the name of the foreign country ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a 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?	7c	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 6

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13
b Enter the number of voting members included in line 1a, above, who are independent	1b	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 governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant 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
b 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	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body?	9	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		

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
b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	X
b 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	11a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	X
13 Does the organization have a written whistleblower policy?	12c	X
14 Does the organization have a written document retention and destruction policy?	13	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?	14	X
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
b 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	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►	NONE
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.	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ►	
THE ASSOCIATION - 301-581-9200	
9312 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	

Form 990 (2010)

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MICHAEL J. KING, DPM <u>PRESIDENT</u>	20.00	X					13,110.	0.	0.
JOSEPH M. CAPORUSSO, DPM <u>PRESIDENT-ELECT</u>	15.00	X					11,628.	0.	0.
MATTHEW G. GAROUFALIS, DPM <u>VICE PRESIDENT</u>	15.00	X					12,130.	0.	0.
FRANK A. SPINOSA, DPM <u>TREASURER</u>	15.00	X					12,161.	0.	0.
KATHLEEN M. STONE, DPM <u>PAST PRESIDENT (IMMEDIATE)</u>	10.00	X					119,844.	0.	0.
R. DANIEL DAVIS, DPM <u>TRUSTEE</u>	10.00	X					10,707.	0.	0.
JEFFREY R. DESANTIS, DPM <u>TRUSTEE</u>	10.00	X					5,536.	0.	0.
DAVID G. EDWARDS, DPM <u>TRUSTEE</u>	10.00	X					6,625.	0.	0.
DENNIS R. FRISCH, DPM <u>TRUSTEE</u>	10.00	X					11,282.	0.	0.
IRA KRAUS, DPM <u>TRUSTEE</u>	10.00	X					13,548.	0.	0.
LAURA J. PICKARD, DPM <u>TRUSTEE</u>	10.00	X					1,065.	0.	0.
SETH RUBENSTEIN, DPM <u>TRUSTEE</u>	10.00	X					11,594.	0.	0.
PHILLIP E. WARD, DPM <u>TRUSTEE</u>	10.00	X					13,104.	0.	0.
GLENN B. GASTWIRTH, DPM <u>EXECUTIVE DIRECTOR</u>	40.00		X				441,682.	0.	131,203.
DENIS RUSSELL <u>DIR. OF FINANCE</u>	40.00		X				158,189.	0.	40,533.
JAY LEVIRO <u>DEPUTY EXECUTIVE DIR.</u>	40.00			X			209,526.	0.	71,356.
JAMES CHRISTINA <u>DIR. OF SCIENTIFIC AFFAIRS</u>	40.00				X		126,463.	0.	47,299.

032007 12-21-10

Form 990 (2010)

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 8

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
FAYE FRANKFORT					X		126,783.	0.	69,839.
DIR. OF LEGISLATIVE ADVOCACY	40.00								
HEATHER PALMER					X		130,960.	0.	30,921.
DIR. OF FUND & DEVELOPMENT	40.00								
ALAN TINKLEMAN					X		127,124.	0.	49,840.
DIR. OF CPME	40.00								
SCOTT L HAAG					X		123,059.	0.	33,761.
DIR. OF HEALTH POLICY AND PRACTICE	40.00								
1b Sub-total							1,686,120.	0.	474,752.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,686,120.	0.	474,752.

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 ►

9

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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
GMMB, 1010 WISCONSIN AVE, NW, WASHINGTON, DC 20007	PUBLIC RELATIONS/MARKETING	503,464.
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 (2010)

Part VIII Statement of Revenue

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 10

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	341,161.			
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	1,686,120.			
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	2,560,043.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	693,474.			
9 Other employee benefits	685,655.			
10 Payroll taxes	318,488.			
11 Fees for services (non-employees)				
a Management				
b Legal	166,937.			
c Accounting	39,750.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	125,208.			
17 Travel	1,343,314.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	506,821.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	286,098.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONSULTING SERVICES	917,703.			
b PRINTING AND PUBLICATIO	796,257.			
c PROFESSIONAL FEES	406,877.			
d EQUIPMENT MAINTENANCE A	241,408.			
e ADMIN-GOVT. EDUCATION F	233,725.			
f All other expenses	1,000,343.			
25 Total functional expenses Add lines 1 through 24f	12,349,382.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Form 990 (2010)

53-0239502 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,219,499.	1	1,430,119.
	2 Savings and temporary cash investments	800,211.	2	1,748,421.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	167,831.	4	301,440.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	101,176.	8	72,208.
	9 Prepaid expenses and deferred charges	408,736.	9	516,775.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,986,880.		
	b Less accumulated depreciation	10b 3,624,951.	10c	2,361,929.
	11 Investments - publicly traded securities	13,010,468.	11	14,099,461.
	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	151,804.	15	216,003.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	18,488,258.	16	20,746,356.
Liabilities	17 Accounts payable and accrued expenses	860,863.	17	897,929.
	18 Grants payable		18	
	19 Deferred revenue	2,019,656.	19	1,991,662.
	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	1,374,628.	25	1,263,100.
	26 Total liabilities. Add lines 17 through 25	4,255,147.	26	4,152,691.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,202,155.	27	16,495,015.
	28 Temporarily restricted net assets	30,956.	28	98,650.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	14,233,111.	33	16,593,665.
	34 Total liabilities and net assets/fund balances	18,488,258.	34	20,746,356.

Form 990 (2010)

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Form 990 (2010)

53-0239502 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,500,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,349,382.
3	Revenue less expenses Subtract line 2 from line 1	3	150,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,233,111.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,209,835.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,593,665.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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?
b Were the organization's financial statements audited by an independent accountant?
c 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
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 separate basis, consolidated 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?
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

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2010)

AMERICAN PODIATRIC MEDICAL

Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION, INC.

53-0239502 Page 2

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768
(election under section 501(h)).**A Check ► if the filing organization belongs to an affiliated groupB Check ► if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	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	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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 Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

AMERICAN PODIATRIC MEDICAL

Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION, INC.

53-0239502 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c 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 legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	7,224,559.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	241,115.
b Carryover from last year	2b	
c Total	2c	241,115.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	361,228.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	<120,113. >

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

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

2010

Open to Public
Inspection

Name of the organization **AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.** Employer identification number **53-0239502**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.		
a Total number of conservation easements		Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a	
c Number of conservation easements on a certified historic structure included in (a)	2b	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items.	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Schedule D (Form 990) 2010

53-0239502 Page 2

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> 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 the 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	

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	4,992,235.	4,317,441.	5,626,065.		
b Contributions	393,757.	188,586.	207,513.		
c Net investment earnings, gains, and losses	914,550.	651,237.	<1,228,896. >		
d Grants or scholarships	<196,500. >	<165,029. >	287,241.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,104,042.	4,992,235.	4,317,441.		

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

a. Board designated or quasi-endowment ► _____ %

b. Permanent endowment ► 90.00 %

c. Term endowment ► 10.00 %

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

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

by

(i) unrelated organizations

(ii) related organizations

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 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		863,791.			863,791.
b Buildings		3,664,893.	2,405,979.	1,258,914.	
c Leasehold improvements					
d Equipment		1,275,333.	1,097,063.	178,270.	
e Other		182,863.	121,909.	60,954.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				►	2,361,929.

Schedule D (Form 990) 2010

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Schedule D (Form 990) 2010

53-0239502 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PENSION BENEFIT COST	390,316.
(3) LIABILITY FOR PENSION BENEFITS	656,781.
(4) DEFERRED COMPENSATION PAYABLE	216,003.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► **1,263,100.**

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053
12-20-10

Schedule D (Form 990) 2010

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

Schedule D (Form 990) 2010

53-0239502 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,500,101.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	12,349,382.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	150,719.
4 Net unrealized gains (losses) on investments	4	1,784,806.
5 Donated services and use of facilities	5	
6 Investment expenses	6	<45,844.>
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	470,873.
9 Total adjustments (net) Add lines 4 through 8	9	2,209,835.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,360,554.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	14,239,063.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	1,784,806.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	1,784,806.
3 Subtract line 2e from line 1	3	12,454,257.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,844.
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	45,844.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,500,101.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	12,349,382.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	12,349,382.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,349,382.

Part 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, line 2, 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

PART X, LINE 2: THE ASSOCIATION ADOPTED THE NEW ACCOUNTING FOR

UNCERTAINTY IN INCOME TAX GUIDANCE WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS. THE ASSOCIATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ASSOCIATION'S OPEN AUDIT PERIODS ARE 2007 TO 2010. FOR THE YEAR ENDED MAY 31, 2011 AND 2010, THE ASSOCIATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE NEW RULES. THE ASSOCIATION RECOGNIZES INTEREST

Part XIV Supplemental Information (continued)

ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. NO SUCH INTEREST OR PENALTIES WERE RECOGNIZED DURING THE YEARS PRESENTED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ACTUARIAL GAIN ON PENSION OBLIGATION

SCHEDULE I
(Form 990)

OMB No 1545-0047
2010
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization		General Information on Grants and Assistance			Employer identification number		
AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.					53-0239502		
<p>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</p> <p>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</p>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed</p>					<input type="checkbox"/> (h) Purpose of grant or assistance		
<p>1 (a) Name and address of organization or government</p>		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
AMERICAN PODIATRIC MED STUDENT ASSOCIATION - 9312 OLD GEORGETOWN ROAD - BETHESDA, MD 20814		52-1259270	501C (6)	17,550.	0. FMV		OPERATING GRANT
THOMSON REUTERS P.O. BOX 71716 CHICAGO, IL 60694		06-1467923		26,195.	0. FMV		RESEARCH GRANT
BOSTON MEDICAL CENTER 660 HARRISON AVE., 2ND FLOOR BOSTON, MA 02118		04-3314093	501C (3)	75,000.	0. FMV		RESEARCH GRANT
AMERICAN DIABETES ASSOCIATION 1701 N. BEAUREGARD STREET ALEXANDRIA, VA 22311		13-1623888	501C (3)	22,500.	0. FMV		RESEARCH GRANT
THE FOUNDATION FOR PODIATRIC MEDICINE - 1225 FIFTH AVENUE - NEW YORK, NY 10029		06-1179217	501C (3)	25,000.	0. FMV		EDUCATION GRANT
MIDWEST PODIATRY CONFERENCE 122 S. MICHIGAN AVE #1441 CHICAGO, IL 60603		36-3032201	501C (6)	10,000.	0. FMV		EDUCATION GRANT
<p>2 Enter total number of section 501(c)(3) and government organizations</p> <p>3 Enter total number of other organizations</p>					<input type="checkbox"/> _____		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032101 01-13-11

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Schedule I (Form 990)

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

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PODIATRIC MEDICAL ASSOCIATION - 2430 K STREET - SACRAMENTO, CA 95816	94-1215732	501C (6)	10,000.	0. FMV			EDUCATION GRANT
FLORIDA PODIATRIC MEDICAL ASSOCIATION - 410 N. GADSDEN STREET - TALLAHASSEE, FL 32301	59-1235979	501C (6)	15,000.	0. FMV			EDUCATION GRANT
APMA REGION THREE 26 MARGATE DRIVE HUMMELSTOWN, PA 17036	23-2082310	501C (3)	20,000.	0. FMV			EDUCATION GRANT
APMA REGION FIVE 1960 BETHEL ROAD, SUITE 140 COLUMBUS, OH 43220	23-7239698	501C (3)	15,000.	0. FMV			EDUCATION GRANT

LHA

recipients	cash grant	cash assistance									

THE JOURNAL OF CLIMATE

SCHEDULE I, PART I, LINE 2: SCHEDULE I, PART I, LINE 2: LEGAL AND
LEGISLATIVE ASSISTANCE GRANTS- GRANT REQUESTS SUBMITTED WITH DETAILED
ACTION PLANS AND/OR DETAILS OF EXPENSES INCURRED.

RESEARCH GRANT- DETAILED PROPOSALS APPROVED. INTERIM PROGRESS REPORTS AND
FINAL REPORTS REQUIRED.

OPERATING- NO REPORTING NECESSARY. FUNDS USED TO OFFSET OPERATING COSTS TO
RELATED ORGANIZATION.

EDUCATION GRANTS - APMA MONITORS THE GRANTS BY ACTIVELY PARTICIPATING IN
THE EDUCATIONAL PROGRAMS FOR WHICH THE GRANTS ARE AWARDED.

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

2010

Open to Public
Inspection

Name of the organization **AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.** Employer identification number **53-0239502**

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

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 from the organization or a related organization?

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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

032111
12-21-10

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Schedule J (Form 990) 2010 53-0239502

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GLENN B. GASTWIRTH, DPM	(i) 398,772.	42,910.	0.	112,890.	18,313.	572,885.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 DENIS RUSSELL	(i) 156,119.	2,070.	0.	19,221.	21,312.	198,722.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 JAY LEVIRO	(i) 205,526.	4,000.	0.	47,602.	23,754.	280,882.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 JAMES CHRISTINA	(i) 126,143.	320.	0.	25,886.	21,413.	173,762.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 FAYE FRANKFORT	(i) 126,463.	320.	0.	61,862.	7,977.	196,622.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 HEATHER PALMER	(i) 128,890.	2,070.	0.	14,157.	16,764.	161,881.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 ALAN TINKLEMAN	(i) 126,804.	320.	0.	36,370.	13,470.	176,964.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 SCOTT L HAAG	(i) 122,739.	320.	0.	12,230.	21,531.	156,820.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9							
10							
11							
12							
13							
14							
15							
16							

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: FIRST CLASS AIR TRAVEL IS AUTHORIZED FOR THE**ASSOCIATION PRESIDENT AND HIS/HER SPOUSE AND THE EXECUTIVE DIRECTOR AND****HIS/HER SPOUSE WHEN AIR TRAVEL ON ANY ONE DAY EXCEEDS FOUR CONTINUOUS****HOURS. BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE AUTHORIZED TO HAVE****SPOUSES ACCOMPANY THEM ON CERTAIN BUSINESS TRIPS SPECIFIED IN THE BOARD'S****POLICY AND PROCEDURE MANUAL. ALL SPOUSAL EXPENSES ARE INCLUDED ON THE****BOARD MEMBERS' YEAR-END IRS FORM 1099. THE EXECUTIVE DIRECTOR'S TAXABLE****SPOUSAL TRAVEL IS INCLUDED AS A TAXABLE FRINGE BENEFIT ON THE EXECUTIVE****DIRECTOR'S YEAR-END W-2.****PART I, LINE 4B: GLENN GASTWIRTH, DPM- 457(B) NONQUALIFIED RETIREMENT****PLAN**

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization	AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.	Employer identification number 53-0239502
--------------------------	---	--

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

AND FOR THE ADVANCEMENT OF THE PROFESSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REPORTING INITIATIVE (PQRI).

- PROVIDED WEBINARS TO MEMBERSHIP ON INCENTIVE PROGRAMS OFFERED BY CMS
INCLUDING E-PRESCRIBING, PQRI, AND MEANINGFUL USE OF ELECTRONIC HEALTH
RECORDS.

- MANAGED THE SEAL OF ACCEPTANCE, SEAL OF APPROVAL, AND THE RECOGNITION
PROGRAM OF ONLINE CME.

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

- SUCCESSFULLY LOBBIED CONGRESS TO STOP THE 2011 CUT OF 22.1% IN
MEDICARE FEES.

- SUCCESSFULLY LOBBIED CONGRESS TO EXEMPT PODIATRIC PHYSICIANS FROM THE
"RED FLAG" RULE WITH RESPECT TO IDENTITY THEFT.

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

STATE ADVOCACY-

- PUBLISHED ARTICLES IN VARIOUS APMA PUBLICATIONS RELEVANT TO STATE
REGULATORY, LEGAL, AND LEGISLATIVE ISSUES.

- PROVIDED STRATEGIC ADVICE AND GUIDANCE TO MEMBERS AND STATE COMPONENT
SOCIETIES TO HELP THEIR EFFORTS TO RESOLVE ISSUES THROUGH LEGAL,
REGULATORY, AND LEGISLATIVE MEANS. SUCH ISSUES INCLUDE SCOPE OF
PRACTICE, MEDICAID, PRIVATE INSURANCE, AND HOSPITAL PRIVILEGING.

- DRAFTED ISSUES BRIEFS, FACTS SHEETS AND OTHER MATERIALS TO EDUCATE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.
--------------------------	--

Employer identification number	53-0239502
--------------------------------	------------

STAKEHOLDERS ON THE IMPORTANT PUBLIC POLICY ISSUES RELEVANT TO THE PRACTICE OF PODIATRIC MEDICINE.

-ORGANIZE BIENNIAL STATE ADVOCACY FORUM TO FURTHER STATE COMPONENT STATE ADVOCACY EFFORTS

-DEVELOP MODEL LAW AND OTHER RESOURCES TO HELP STATE COMPONENTS RESOLVE FEE DISCRIMINATION.

PUBLICATIONS-

-PUBLISHED TEN ISSUES OF THE APMA NEWS MAGAZINE.

-PUBLISHED SIX ISSUES OF THE AWARD WINNING JOURNAL OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION.

-PUBLISHED 24 ISSUES OF THE APMA ALERT.

-UPDATED AND PRINTED BROCHURES RELATING TO PODIATRIC MEDICINE.

-PUBLISHED DAILY ISSUES OF THE APMA DAILY ENEWS.

APMA ANNUAL SCIENTIFIC MEETING-THE NATIONAL-

-MEETING HELD IN SEATTLE, WA IN JULY 2010

-OVER 3,000 INDIVIDUALS ATTENDED THE MEETING (REGISTRANTS, SPEAKERS, EXHIBITORS, AND GUESTS).

-UP TO 35 HOURS OF CONTINUING MEDICAL EDUCATION CONTACT HOURS WERE PROVIDED.

-BREAKFAST SYMPOSIA AND THREE LECTURE TRACKS WERE PROVIDED DAILY HIGHLIGHTING AREAS SUCH AS SURGERY, DIABETIC FOOT CARE, PAD, IMAGING, WOUND CARE, DERMATOLOGY, PAIN MANAGEMENT, SPORTS MEDICINE, PEDIATRICS, AND PRACTICE MANAGEMENT.

HEALTH POLICY AND PRACTICE-

-CONTINUED PARTICIPATION IN RUC AND CPT.

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.	Employer identification number 53-0239502
--	--

- MET WITH AND SUBMITTED REGULAR COMMENTS TO CMS ADVOCATING FOR THE PODIATRIC PROFESSION.
- COMMUNICATED WITH PRIVATE INSURANCE COMPANIES ADVOCATING FOR THE PODIATRIC PROFESSION.
- CONDUCTED 10 CODING SEMINARS AND ADDITIONAL WEBINARS FOR SELECT REGIONS.
- FACILITATED THE ANNUAL NATIONAL CAC-PIAC MEETING.
- CONTINUED DEVELOPMENT AND ENHANCEMENT OF THE ONLINE CODING RESOURCE CENTER.
- CONTINUED DEVELOPMENT OF CODING CERTIFICATION EXAM RELATIONSHIP WITH THIRD PARTY.
- DEVELOPED COALITIONS AND RELATIONSHIPS WITH SIMILAR ASSOCIATIONS TO ADVOCATE FOR COMMON ISSUES.
- DEVELOPED OR CONTRACTED WITH CONSULTANTS FOR DEVELOPMENT OF EDUCATIONAL AND COMPLIANCE MATERIALS FOR MEMBERS.
- ASSISTED ASSOCIATION IN THE DEVELOPMENT OF MATERIAL AND PREPARATION FOR LEGAL PROCEEDINGS.

PUBLIC RELATIONS -

- DEVELOPED AND MAINTAINED A NATIONAL PODIATRIC CAPABILITIES CAMPAIGN WITH WEBSITE AND NEWSLETTER DISTRIBUTION.
- CONDUCTED A NATIONAL SURVEY ON FOOT HEALTH AND FOOT CARE.
- SECURED NUMEROUS PLACEMENTS IN TOP-TIER MEDIA PUBLICATIONS THROUGHOUT THE COUNTRY.
- CREATED AND DISTRIBUTED 10+ PRESS RELEASES, 100+ MEDIA PITCHES, 12+ FEATURE ARTICLES.
- CONDUCTED A NATIONAL DIABETES CAMPAIGN "KNOCK YOUR SOCKS OFF", TARGETING THOSE WITH AND AT RISK FOR DIABETES.

032212
01-24-11

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.	Employer identification number 53-0239502
--	--

-CONDUCTED A NATIONAL FOOT AWARENESS CAMPAIGN- PODIATRISTS KEEP AMERICA MOVING- TARGETING ELEMENTARY AGE CHILDREN AND THEIR PARENTS

-CONTINUED CONTENT CREATION FOR SEVERAL AREAS OF THE APMA WEBSITE.

-FACILITATED THE ANNUAL PUBLIC EDUCATION AND INFORMATION COMMITTEE MEETING.

FORM 990, PART VI, SECTION A, LINE 6: THE APMA HOUSE OF DELEGATES IS COMPRISED OF DELEGATES FROM ALL COMPONENTS. THE DELEGATES ARE ELECTED AT THEIR LOCAL LEVEL PURSUANT TO THE COMPONENTS' RESPECTIVE BYLAWS. THE NUMBER OF DELEGATES IS CALCULATED PURSUANT TO THE APMA BYLAWS AND IS BASED ON THE NUMBER OF ACTIVE MEMBERS IN THE COMPONENT. NOMINATIONS FOR BEING ELECTED TO THE BOARD OF TRUSTEES ARE SUBMITTED DIRECTLY TO THE HOUSE OF DELEGATES. THE DELEGATES ELECT MEMBERS TO THE BOARD OF TRUSTEES AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A: THE APMA HOUSE OF DELEGATES IS COMPRISED OF DELEGATES FROM ALL COMPONENTS. THE DELEGATES ARE ELECTED AT THEIR LOCAL LEVEL PURSUANT TO THE COMPONENTS' RESPECTIVE BYLAWS. THE NUMBER OF DELEGATES IS CALCULATED PURSUANT TO THE APMA BYLAWS AND IS BASED ON THE NUMBER OF ACTIVE MEMBERS IN THE COMPONENT. NOMINATIONS FOR BEING ELECTED TO THE BOARD OF TRUSTEES ARE SUBMITTED DIRECTLY TO THE HOUSE OF DELEGATES. THE DELEGATES ELECT MEMBERS TO THE BOARD OF TRUSTEES AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B: THE DELEGATES TAKE ACTION ON RESOLUTIONS BROUGHT BEFORE THE HOUSE OF DELEGATES AT ITS ANNUAL MEETING. THE HOUSE OF DELEGATES ADOPTS ORGANIZATIONAL POLICIES. THE BOARD OF TRUSTEES IS AUTHORIZED TO TAKE ACTION REGARDING THE POLICIES.

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.	Employer identification number 53-0239502
--	--

FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER, EXECUTIVE DIRECTOR, AND THE DIRECTOR OF FINANCE REVIEW THE FORM 990 IN DETAIL. THE FORM 990 IS THEN MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR REVIEW AT THE BOARD'S FALL MEETING. THE FORM 990 IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND TRUSTEES COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM. ANY UPDATES DURING THE YEAR ARE NOTED AT THE BEGINNING OF BOARD MEETINGS. DIRECTORS (STAFF DEPARTMENTAL DIRECTORS AND OTHER KEY EMPLOYEES) ARE GOVERNED BY THE EMPLOYEE MANUAL WHICH STATES THAT CONFLICTS OF INTEREST ARE TO BE DISCLOSED TO THE EXECUTIVE DIRECTOR. ANY CONFLICTS OF INTEREST OF THE EXECUTIVE DIRECTOR ARE TO BE DISCLOSED TO THE EXECUTIVE COMMITTEE. IN FUTURE YEARS, ALL STAFF WILL BE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR ENTERED INTO AN EMPLOYMENT AGREEMENT WITH THE BOARD OF TRUSTEES IN 2006. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES NEGOTIATED THE CONTRACT WITH THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE RETAINED AN ATTORNEY TO ASSIST IN THE RESEARCH AND DELIBERATIONS. COMPARABILITY DATA WAS UTILIZED.

STAFF COMPENSATION, INCLUDING TOP MANAGEMENT AND KEY EMPLOYEES, IS DETERMINED BY THE EXECUTIVE DIRECTOR. COMPARABILITY DATA PROCURED FROM REPUTABLE SOURCES SUCH AS THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES (ASAE) IS UTILIZED IN DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.	Employer identification number 53-0239502
--	--

REQUEST. SOME OF THE INFORMATION IS AVAILABLE ON THE PUBLIC WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED GAINS ON INVESTMENTS:</u>	<u>1,784,806.</u>
<u>INVESTMENT EXPENSES:</u>	<u>-45,844.</u>
<u>ACTUARIAL GAIN ON PENSION OBLIGATION</u>	<u>470,873.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>2,209,835.</u>

FORM 990, PART XII, LINE 2C

THE TREASURER ALONG WITH THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE PERIODICALLY SELECTS FIRMS TO RESPOND TO A REQUEST FOR PROPOSAL RELATING TO THE AUDIT AND TAX SERVICES. INTERVIEWS ARE CONDUCTED AND A RECOMENDATION IS THEN FORWARDED TO THE BOARD FOR FINAL APPROVAL.

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

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Part

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

Part II Identification of Related Tax-Exempt Organizations

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.)

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

**AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.**

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 organizations treated as a partnership during the tax year)

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the Organization is Answered Yes to Item 330, Part IV, Item 34 because it has one or more partners)

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 taxable as a corporation or trust during the tax year.)

AMERICAN PODIATRIC MEDICAL
ASSOCIATION, INC.

Schedule R (Form 990) 2010 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(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.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)