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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO MEET THE PHYSICAL THERAPY NEEDS OF SOCIETY, TO MEET THE NEEDS AND INTERESTS OF ITS MEMBERS, AND TO DEVELOP AND IMPROVE THE ART AND SCIENCE OF PHYSICAL THERAPY, INCLUDING PRACTICE, EDUCATION, AND RESEARCH

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ )

PROFESSIONAL SERVICES AND GOVERNMENTAL RELATIONS SERVES THE MEMBERSHIP IN ACCREDITATION, COMPETENCY REGULATIONS, AND PUBLIC RECOGNITION OF PHYSICAL THERAPY CONTRIBUTIONS

4b

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

EDUCATION, RESEARCH, AND PROFESSIONAL DEVELOPMENT HELPED PROMOTE AND ENFORCE PROFESSIONAL STANDARDS IN PHYSICAL THERAPY

4c

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

PERIODICALS COMMUNICATES INFORMATION ABOUT STANDARDS AND DEVELOPMENTS IN PHYSICAL THERAPY PRACTICE, EDUCATION AND RESEARCH. READERS BENEFITTED FROM FOUR PUBLICATIONS

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

CONFERENCES/COMBINED SECTIONS MEETING PROMOTES INFORMATIONAL EXCHANGE IN AREAS SUCH AS PRACTICE, EDUCATION, RESEARCH, AND REGULATIONS. THE TWO MAJOR ANNUAL CONFERENCES WERE ATTENDED BY APPROXIMATELY 15,000, WITH APTA MEMBERSHIP OF APPROXIMATELY 83,000 MEMBERS

4d

Other program services (Describe in Schedule O )

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

















4e

Total program service expenses

\$

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?  . . . . .	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .	4	
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  . . . . .	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  . . . . .	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .	10	Yes
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.  . . . . .	11a	Yes
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.  . . . . .	11b	No
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.  . . . . .	11c	No
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.  . . . . .	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  . . . . .	11e	Yes
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.  . . . . .	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  . . . . .	12a	No
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  . . . . .	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	231
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	195
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</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 or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	Yes
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	Yes
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
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	15		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	14
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROB BATARLA 1111 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314 (703) 684-2782	

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON L DUNN PT PHD OCS DIRECTOR	20 00	X						10,000	0	0
(2) MARY C SINNOTT PT DPT MED DIRECTOR	20 00	X						10,000	0	0
(3) ROGER A HERR PT MPA COS-C DIRECTOR	20 00	X						10,000	0	0
(4) DIANNE V JEWELL PT DPT PHD CCS DIRECTOR	20 00	X						10,000	0	0
(5) AIMEE KLEIN PT DPT DSC OCS DIRECTOR	20 00	X						10,000	0	0
(6) KATHLEEN K MAIRELLA PT DPT MA DIRECTOR	20 00	X						10,000	0	0
(7) NICOLE L STOUT PT MPT CLT-LANA DIRECTOR	20 00	X						10,000	0	0
(8) JENNIFER E GREEN-WILSON PT MBA ED DIRECTOR FROM 7/2011	20 00	X						5,000	0	0
(9) DAVE PARISER PT PHD DIRECTOR FROM 7/2011	20 00	X						5,000	0	0
(10) KEVIN L HULSEY DIRECTOR THRU 06/2011	20 00	X						5,000	0	0
(11) LISA K SALADIN DIRECTOR THRU 06/2011	20 00	X						5,000	0	0
(12) R SCOTT WARD PT PHD PRESIDENT	20 00	X		X				25,000	0	0
(13) PAUL ROCKAR JR PT DPT MS VICE PRESIDENT	20 00	X		X				10,000	0	0
(14) LAURITA M HACK PT DPT MBA PHD F SECRETARY	20 00	X		X				10,000	0	0
(15) ELMER PLATZ PT TREASURER FROM 7/2011	20 00	X		X				5,000	0	0
(16) CONNIE D HAUSER TREASURER THRU 06/2011	20 00	X		X				5,000	0	0
(17) SHAWNE E SOPER PT DPT MBA SPEAKER OF THE HOUSE	20 00	X		X				10,000	0	0



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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM F MCGEHEE PT MHS VICE SPEAKER OF THE HOUSE	20 00	X		X				10,000	0	0
(19) JOHN BARNES CHIEF EXECUTIVE OFFICERS	35 00			X				376,528	0	19,941
(20) ROB BATARIA VP, FINANCE & FACILITITES	35 00			X				201,558	0	5,567
(21) JANET BEZNER DEPUTY EXECUTIVE DIRECTOR	35 00				X			226,536	0	14,110
(22) BONNIE POVINALE VP, MEMBER RELATIONS	35 00				X			198,758	0	13,493
(23) FELICITY CLANCY VP, COMMUNICATIONS	35 00				X			171,548	0	16,500
(24) JUSTIN MOORE VP, GOVERNMENT AFFAIRS	35 00				X			186,256	0	18,571
(25) KEN HARWOOD VP, PRACTICE & EDUCATION	35 00				X			186,409	0	11,075
(26) JOHN BENNETT LEGAL COUNSEL	35 00					X		184,189	0	8,409
(27) JOHN KING CHIEF INFORMATION OFFICER	35 00					X		158,795	0	16,695
(28) LISA RUANE SENIOR DIRECTOR, MEMBER RELATIONS	35 00					X		156,138	0	14,862
(29) MARC GOLDSTEIN SENIOR DIRECTOR, RESEARCH	35 00					X		155,645	0	2,613
(30) JODY FROST DIRECTOR, CLINICAL EDUCATION	35 00					X		144,615	0	25,595
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,511,975	0	167,431

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶32

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CADMUS PSG PO BOX 822934 PHILADELPHIA, PA 19182	PRINTING	1,321,810
GAYLORD NATL RESORT&CONV CTR 201 WATERFRONT ST NATIONAL HARBOR, MD 20745	CONFERENCE FACILITIES	725,533
NATIONAL BOARD OF MEDICAL EX PO BOX 48006 NEWARK, NJ 07101	MEDICAL EXAMS	541,605
GRC DIRECT 4169 BLUDAU DR WARRENTON, VA 20187	DATA PROCESSING	464,177
HILTON NEW ORLEANS RIVERSIDE 2 POYDRAS ST NEW ORLEANS, LA 70130	CONFERENCE FACILITIES	426,241

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶20

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	105,805				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			105,805			
Program Service Revenue			Business Code					
	2a	MEMBER DUES	900099	14,315,012	14,315,012			
	b	CONFERENCES & MEETINGS	900099	6,500,570	4,629,916		1,870,654	
	c	ACCREDITATION AND EXAM	900099	5,791,077	5,791,077			
	d	PERIODICALS	900099	3,740,144	1,928,930	1,811,214		
	e	STAFF SERVICES	900099	1,144,112	1,144,112			
	f	All other program service revenue		1,380,502	400,933	979,569		
	g	Total. Add lines 2a-2f . . . . .			32,871,417			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			382,365		382,365	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .			2,329,638		2,329,638	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		17,943,507						
		17,926,423						
		17,084						
	d	Net gain or (loss) . . . . .			17,084		17,084	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
			780,561					
b	Less cost of goods sold . . . . .		b					
			549,059					
c	Net income or (loss) from sales of inventory . .			231,502	231,502			
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS INCOME		900099	77,069			77,069	
b	GRANT RECOVERY		900099	38,283			38,283	
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			115,352				
12	Total revenue. See Instructions . . . . .			36,053,163	28,441,482	2,790,783	4,715,093	

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

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 United States See Part IV, line 21	1,290,844			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	42,238			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,811,850			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,694,086			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,934,902			
9	Other employee benefits	2,129,366			
10	Payroll taxes	948,234			
11	Fees for services (non-employees)				
a	Management				
b	Legal	64,552			
c	Accounting	130,847			
d	Lobbying	455,517			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,560,697			
12	Advertising and promotion	408,469			
13	Office expenses	4,168,340			
14	Information technology	118,043			
15	Royalties				
16	Occupancy	796,227			
17	Travel	2,255,312			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,216,229			
20	Interest				
21	Payments to affiliates	1,389,451			
22	Depreciation, depletion, and amortization	528,934			
23	Insurance	143,688			
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	HONORARIA	751,470			
b	DUES AND SUBSCRIPTIONS	364,686			
c	COMMISSIONS	352,239			
d	TRAINING	177,970			
e					
f	All other expenses	153,717			
25	Total functional expenses. Add lines 1 through 24f	36,887,908			
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,100	1	1,100
	2	Savings and temporary cash investments . . . . .			2,858,742	2	2,764,266
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			874,605	4	907,117
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			7,972,687	7	8,722,687
	8	Inventories for sale or use . . . . .			530,317	8	373,657
	9	Prepaid expenses and deferred charges . . . . .			209,268	9	292,510
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	8,369,494	1,892,774	10c	1,694,857
	b	Less: accumulated depreciation . . . . .	10b	6,674,637			
	11	Investments—publicly traded securities . . . . .			20,472,551	11	20,057,752
	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 . . . . .			441,395	15	325,459
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			35,253,439	16	35,139,405	
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,316,324	17	1,928,066
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			15,372,650	19	16,505,882
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			2,845,084	25	3,200,664
	26	Total liabilities. Add lines 17 through 25 . . . . .			20,534,058	26	21,634,612
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 . . . . .			14,245,669	27	13,504,793
	28	Temporarily restricted net assets . . . . .			163,038	28	0
	29	Permanently restricted net assets . . . . .			310,674	29	0
	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 . . . . .			14,719,381	33	13,504,793
	34	Total liabilities and net assets/fund balances . . . . .			35,253,439	34	35,139,405

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	36,053,163
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,887,908
3	Revenue less expenses Subtract line 2 from line 1	3	-834,745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,719,381
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-379,843
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	13,504,793

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:  
Software Version:  
EIN: 13-1512769  
Name: AMERICAN PHYSICAL THERAPY ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) CONFERENCES/COMBINED SECTIONS MEETING PROMOTES INFORMATIONAL EXCHANGE IN AREAS SUCH AS PRACTICE, EDUCATION, RESEARCH, AND REGULATIONS THE TWO MAJOR ANNUAL CONFERENCES WERE ATTENDED BY APPROXIMATELY 15,000, WITH APTA MEMBERSHIP OF APPROXIMATELY 83,000 MEMBERS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON L DUNN PT PHD OCS DIRECTOR	20 00	X						10,000	0	0
MARY C SINNOTT PT DPT MED DIRECTOR	20 00	X						10,000	0	0
ROGER A HERR PT MPA COS-C DIRECTOR	20 00	X						10,000	0	0
DIANNE V JEWELL PT DPT PHD CCS DIRECTOR	20 00	X						10,000	0	0
AIMEE KLEIN PT DPT DSC OCS DIRECTOR	20 00	X						10,000	0	0
KATHLEEN K MAIRELLA PT DPT MA DIRECTOR	20 00	X						10,000	0	0
NICOLE L STOUT PT MPT CLT-LANA DIRECTOR	20 00	X						10,000	0	0
JENNIFER E GREEN-WILSON PT MBA ED DIRECTOR FROM 7/2011	20 00	X						5,000	0	0
DAVE PARISER PT PHD DIRECTOR FROM 7/2011	20 00	X						5,000	0	0
KEVIN L HULSEY DIRECTOR THRU 06/2011	20 00	X						5,000	0	0
LISA K SALADIN DIRECTOR THRU 06/2011	20 00	X						5,000	0	0
R SCOTT WARD PT PHD PRESIDENT	20 00	X		X				25,000	0	0
PAUL ROCKAR JR PT DPT MS VICE PRESIDENT	20 00	X		X				10,000	0	0
LAURITA M HACK PT DPT MBA PHD F SECRETARY	20 00	X		X				10,000	0	0
ELMER PLATZ PT TREASURER FROM 7/2011	20 00	X		X				5,000	0	0
CONNIE D HAUSER TREASURER THRU 06/2011	20 00	X		X				5,000	0	0
SHAWNE E SOPER PT DPT MBA SPEAKER OF THE HOUSE	20 00	X		X				10,000	0	0
WILLIAM F MCGEHEE PT MHS VICE SPEAKER OF THE HOUSE	20 00	X		X				10,000	0	0
JOHN BARNES CHIEF EXECUTIVE OFFICERS	35 00			X				376,528	0	19,941
ROB BATARLA VP, FINANCE & FACILITITES	35 00			X				201,558	0	5,567
JANET BEZNER DEPUTY EXECUTIVE DIRECTOR	35 00				X			226,536	0	14,110
BONNIE POVINALE VP, MEMBER RELATIONS	35 00				X			198,758	0	13,493
FELICITY CLANCY VP, COMMUNICATIONS	35 00				X			171,548	0	16,500
JUSTIN MOORE VP, GOVERNMENT AFFAIRS	35 00				X			186,256	0	18,571
KEN HARWOOD VP, PRACTICE & EDUCATION	35 00				X			186,409	0	11,075

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BENNETT LEGAL COUNSEL	35 00					X		184,189	0	8,409
JOHN KING CHIEF INFORMATION OFFICER	35 00					X		158,795	0	16,695
LISA RUANE SENIOR DIRECTOR, MEMBER RELATIONS	35 00					X		156,138	0	14,862
MARC GOLDSTEIN SENIOR DIRECTOR, RESEARCH	35 00					X		155,645	0	2,613
JODY FROST DIRECTOR, CLINICAL EDUCATION	35 00					X		144,615	0	25,595



SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ 208,387
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) PHYSICAL THERAPY POLITICAL ACTION COMMITTEE	1111 N FAIRFAX STREET ALEXANDRIA, VA 22314	52-6145303		1,240,339

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 group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- 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.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 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	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

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	14,315,012
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	1,879,275
b	Carryover from last year	2b	-2,530,280
c	Total	2c	-651,005
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,149,303
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	-3,800,308

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	ADMINISTRATIVE EXPENSES

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization  
AMERICAN PHYSICAL THERAPY ASSOCIATION

Employer identification number  
13-1512769

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?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	448,420	401,744	382,875	555,733	
b Contributions . . . . .					
c Investment earnings or losses . . . . .	-41,210	46,676	44,869	-105,243	
d Grants or scholarships . . . . .	406,937		26,000	67,615	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	273				
g End of year balance . . . . .		448,420	401,744	382,875	

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

- Board designated or quasi-endowment

Permanent endowment

Term endowment

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	No
(ii) related organizations . . . . .	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		2,092,206	1,453,119	639,087
d Equipment . . . . .		6,277,288	5,221,518	1,055,770
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,694,857



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
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	
3	Subtract line 2e from line 1 . . . . .	3	
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	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
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	
3	Subtract line 2e from line 1 . . . . .	3	
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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION ARE TO BE USED FOR SCHOLARSHIP FUNDING, PROVIDE SUPPORT FOR SUMMER INTERNS FOR GOVERNMENT AFFAIRS DEPARTMENT, SUPPORT HONORARIUM AND TRAVEL EXPENSES FOR LECTURERS, AND SUPPORT DELEGATES TO CONVENTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS CONCLUDED THAT THE AMERICAN PHYSICAL THERAPY ASSOCIATION HAS MAINTAINED ITS EXEMPT STATUS AND THERE ARE NO UNCERTAIN TAX POSITIONS THROUGH DECEMBER 31, 2011

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN PHYSICAL THERAPY ASSOCIATION

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
13-1512769

Part I

General Information on Grants and Assistance

- 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? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) NATIONAL MULTIPLE SCLEROSIS SOCIETY1800 M ST NW STE 750 SOUTH WASHINGTON,DC 20036	53-0237585	501(C)(3)	5,000				AMBASSADOR BALL SPONSORSHIP
(2) ALABAMA CHAPTER OF APTA1111 NORTH FAIRFAX ST ALEXANDRIA,VA 22314	63-0814285	501(C)(6)	15,000				APTA MATCHING CONTRIBUTION & DIRECT ACCESS GRANT
(3) UNITED STATES BONE & JOINT INITIATIVE6300 N RIVER RD ROSEMONT,IL 60018	13-4223933	501(C)(3)	5,000				CONTRIBUTOR SPONSORSHIP
(4) SOUTH CAROLINA CHAPTER OF APTA3650-A CENTRE CIRCLE FORT MILL,SC 29715	57-6030224	501(C)(3)	5,000				GRANT FOR GENERAL SUPPORT
(5) PHYSICAL THERAPY FUND1111 NORTH FAIRFAX ST ALEXANDRIA,VA 22314	54-1732481	501(C)(3)	431,937				JAYNE SNYDER SCHOLARSHIP FUND & SCHOLARSHIP FUND
(6) FOUNDATION FOR NIH 9650 ROCKVILLE PIKE BETHESDA,MD 20814	52-1986675	501(C)(3)	5,000				NCMRR 20TH ANNIVERSARY SPONSORSHIP
(7) SOUTHWEST BAPTIST UNIVERSITY1600 UNIVERSITY AVE BOLIVAR,MO 65613	44-0567385	501(C)(3)	5,000				PHYSICAL THERAPY STORM DISASTER RELIEF
(8) HEALTH VOLUNTEERS OVERSEAS1900 L ST NW STE 310 WASHINGTON,DC 20036	52-1485477	501(C)(3)	5,000				SPONSORSHIP

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

7

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

1



**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

**Part IV**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS MADE BY APTA ARE APPROVED BY VARIOUS COMMITTEES AND THE BOARD OF DIRECTORS OTHER THAN THE LARGE GRANT TO THE FOUNDATION, GRANTS ARE NO MORE THAN \$ 20,000 AND ARE USUALLY AROUND \$ 5,000
		SCHEDULE I, PART II, GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES DURING THE 2011 CALENDAR YEAR, THE AMERICAN PHYSICAL THERAPY ASSOCIATION MADE GRANT PAYMENTS TO THE PHYSICAL THERAPY FUND TOTALING \$431,937 THIS TOTAL IS MADE UP OF THE FOLLOWING GRANT PAYMENTS \$ 406,937 SCHOLARSHIP FUND \$ 25,000 JANE SNYDER SCHOLARSHIP FUND

Software ID:  
Software Version:  
EIN: 13-1512769  
Name: AMERICAN PHYSICAL THERAPY ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(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
NATIONAL MULTIPLE SCLEROSIS SOCIETY1800 M ST NW STE 750 SOUTH WASHINGTON, DC 20036	53-0237585	501(C)(3)	5,000				AMBASSADOR BALL SPONSORSHIP
ALABAMA CHAPTER OF APTA 1111 NORTH FAIRFAX ST ALEXANDRIA,VA 22314	63-0814285	501(C)(6)	15,000				APTA MATCHING CONTRIBUTION & DIRECT ACCESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(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
UNITED STATES BONE & JOINT INITIATIVE6300 N RIVER RD ROSEMONT, IL 60018	13-4223933	501(C)(3)	5,000				CONTRIBUTOR SPONSORSHIP
SOUTH CAROLINA CHAPTER OF APTA3650-A CENTRE CIRCLE FORT MILL, SC 29715	57-6030224	501(C)(3)	5,000				GRANT FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHYSICAL THERAPY FUND 1111 NORTH FAIRFAX ST ALEXANDRIA, VA 22314	54-1732481	501(C)(3)	431,937				JAYNE SNYDER SCHOLARSHIP FUND & SCHOLARSHIP FUND
FOUNDATION FOR NIH9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501(C)(3)	5,000				NCMRR 20TH ANNIVERSARY SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(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
SOUTHWEST BAPTIST UNIVERSITY1600 UNIVERSITY AVE BOLIVAR,MO 65613	44-0567385	501(C)(3)	5,000				PHYSICAL THERAPY STORM DISASTER RELIEF
HEALTH VOLUNTEERS OVERSEAS1900 L ST NW STE 310 WASHINGTON,DC 20036	52-1485477	501(C)(3)	5,000				SPONSORSHIP

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
MARY MCMILLAN SCHOLARSHIP AWARD	6	28,000			
SCHOLARSHIP AWARD	1	5,000			
2011 ADVOCACY CHALLENGE	3	405			
SHOW US HOW YOU VOTE AWARD	1	125			
CHATTANOOGA RESEARCH AWARD	7	1,001			
CALIFORNIA RECOGNITION AWARD	1	172			
KENDALL 2011 AWARD	1	250			
JACK WALKER AWARD	2	1,000			
OUTSTANDING SPTA AWARD	2	1,500			
MARGARET L MOORE AWARD	1	1,500			
ALABAMA CHAPTER RALLY & LOBBY DAY	1	3,285			

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

	Yes	No
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 type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization?		
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization?		
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN BARNES	(i)	376,528	0	0	5,385	14,556	396,469	0
	(ii)	0	0	0	0	0	0	0
(2) ROB BATARLA	(i)	201,558	0	0	2,946	2,621	207,125	0
	(ii)	0	0	0	0	0	0	0
(3) JANET BEZNER	(i)	226,536	0	0	11,405	2,705	240,646	0
	(ii)	0	0	0	0	0	0	0
(4) BONNIE POVINALE	(i)	198,758	0	0	13,493	0	212,251	0
	(ii)	0	0	0	0	0	0	0
(5) FELICITY CLANCY	(i)	171,548	0	0	16,500	0	188,048	0
	(ii)	0	0	0	0	0	0	0
(6) JUSTIN MOORE	(i)	186,256	0	0	13,367	5,204	204,827	0
	(ii)	0	0	0	0	0	0	0
(7) KEN HARWOOD	(i)	186,409	0	0	5,905	5,170	197,484	0
	(ii)	0	0	0	0	0	0	0
(8) JOHN BENNETT	(i)	184,189	0	0	2,697	5,712	192,598	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN KING	(i)	158,795	0	0	16,409	286	175,490	0
	(ii)	0	0	0	0	0	0	0
(10) LISA RUANE	(i)	156,138	0	0	11,761	3,101	171,000	0
	(ii)	0	0	0	0	0	0	0
(11) MARC GOLDSTEIN	(i)	155,645	0	0	1,113	1,500	158,258	0
	(ii)	0	0	0	0	0	0	0
(12) JODY FROST	(i)	144,615	0	0	22,000	3,595	170,210	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

Identifier	Return Reference	Explanation
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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.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization AMERICAN PHYSICAL THERAPY ASSOCIATION	Employer identification number 13-1512769
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE PHYSICAL THERAPISTS, PHYSICAL THERAPIST ASSISTANTS, AND STUDENTS OF PHYSICAL THERAPY
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	THE HOUSE OF DELEGATES, WHICH IS MADE UP OF APTA MEMBERS, APPROVES SOME DECISIONS
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT 990 IS REVIEWED BY THE FULL BOARD AND DISCUSSED IN A CONFERENCE CALL IN LATE OCTOBER
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, AT A BOARD MEETING, THE BOARD MEMBERS SIGN OFF ON THE CONFLICT OF INTEREST POLICY STATING THEIR CONFLICTS, IF ANY
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABLE ORGANIZATION CEO SALARY DATA FROM SURVEYS WAS USED TO ESTABLISH THE APTA CEO'S SALARY DURING CONTRACT RENEGOTIATION IN 2010 THE CEO'S COMPENSATION IS REVIEWED ANNUALLY HE IS CURRENTLY UNDER A THREE-YEAR CONTRACT FROM 2010-2013 HIS CONTRACT WILL BE REVIEWED FOR RENEGOTIATION IN 2013, HIS COMPENSATION WAS LAST REVIEWED IN DECEMBER 2011 KEY EMPLOYEE COMPENSATION IS DETERMINED BASED ON COMPERABLE SURVEY DATA AND AN INTERNAL GRADE SYSTEM
	FORM 990, PART VI, SECTION C, LINE 19	APTA MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO MEMBERS ON THE APTA WEBSITE AND IN THE PT MAGAZINE GOVERNING DOCUMENTS ARE AVAILABLE ON THE APTA WEBSITE IN THE MEMBERS ONLY AREA
		FORM 990, PART VII, HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS SHARON L DUNN - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND JENNIFER E GREEN-WILSON - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND ROGER A HERR - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND DIANNE V JEWELL - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND AIMEE KLEIN - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND KATHLEEN K MAIRELLA - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND DAVE PARISER - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND MARY C SINNOTT - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND NICOLE L STOUT - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND KEVIN L HULSEY - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND LISA K SALADIN - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES R SCOTT WARD - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND PAUL ROCKAR, JR - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND LAURITA M HACK - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND ELMER PLATZ - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND CONNIE D HAUSER - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND SHAWNE E SOPER - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND WILLIAM F MCGEHEE - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND JOHN BARNES - 1 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 1 00 HR/WEEK - PHYSICAL THERAPY FUND ROB BATARLA - 5 00 HR/WEEK - AMERICAN PHYSICAL THERAPY PROPERTIES - 5 00 HR/WEEK - PHYSICAL THERAPY FUND
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -379,843
		FORM 990, PART VI, SECTION A, LINE 1 FIVE MEMBERS OF THE BOARD SERVE ON THE EXECUTIVE COMMITTEE, WHO CAN ACT ON BEHALF OF THE FULL BOARD

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
AMERICAN PHYSICAL THERAPY ASSOCIATION

Employer identification number  
13-1512769

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN PHYSICAL THERAPY PROPERTIES INC  1111 N FAIRFAX STREET  ALEXANDRIA, VA 22314 54-1233877	TITLE HOLDING CORPORATION	VA	501(C)(2)		APTA	Yes	
(2) PHYSICAL THERAPY FUND  1111 N FAIRFAX STREET  ALEXANDRIA, VA 22314 54-1732481	SOLICITS SCHOLARSHIPS FOR MINORITIES	VA	501(C)(3)	LINE 7	APTA		No
(3) PHYSICAL THERAPY POLITICAL ACTION COMMITTEE  1111 N FAIRFAX STREET  ALEXANDRIA, VA 22314 52-6145303	POLITICAL ACTION COMMITTEE	VA	527		N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

Yes

No

Yes

No

Yes

Yes

Yes

Yes

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN PHYSICAL THERAPY PROPERTIES	D	250,000	LOAN AGREEMENT
(2) AMERICAN PHYSICAL THERAPY PROPERTIES	M	737,188	LEASE
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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