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**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

2011

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

**AMERICAN MEDICAL DIRECTORS CERTIFICATION
PROGRAM, INC.**

D Employer identification number

52-1920740

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

11000 BROKEN LAND PARKWAY

Room/suite

400

E Telephone number

800-876-2632

City or town, state or country, and ZIP + 4

COLUMBIA, MD 21044

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website ► WWW.AMDA.COM/CERTIFICATION/OVERVIEW.CFM

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **154,234.**

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

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

1 Contributions, gifts, grants, and similar amounts received	1	134,476.
2 Program service revenue including government fees and contracts	2	19,278.
3 Membership dues and assessments	3	
4 Investment income	4	480.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	of contributions
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154,234.
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	74,623.
13 Professional fees and other payments to independent contractors	13	34,419.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	4,343.
16 Other expenses (describe in Schedule O)	16	28,934.
17 Total expenses. Add lines 10 through 16	17	142,319.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,915.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	169,436.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	181,351.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2011)

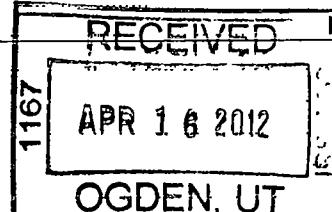
132171
02-06-12

SCANNED MAY 03 2012

Revenue

Expenses

Net Assets



SEE SCHEDULE O

**AMERICAN MEDICAL DIRECTORS CERTIFICATION
PROGRAM, INC.**

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Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	181,098.	22 182,384.
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	181,098.	25 182,384.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	11,662.	26 1,033.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	169,436.	27 181,351.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		► <input type="checkbox"/>	
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS S. LEHNER, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	CHAIR 1.00	0.	0.	0.
BRUCE ROBINSON, MD, MPH, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	VICE CHAIR 1.00	0.	0.	0.
LORI E. BRIGHT LONG, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	SECRETARY/TREASURER 1.00	0.	0.	0.
FRED FEINSOD, MD, MPH, DSC, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
REBECCA L. FERRINI, MD, MPH, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	DIRECTOR 1.00	0.	0.	0.
M. ROSINA FINLEY, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	DIRECTOR 1.00	0.	0.	0.
LAURA TRICE, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD 21044	DIRECTOR 1.00	0.	0.	0.
THOMAS EDMONDSON, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	DIRECTOR 1.00	0.	0.	0.
ROBERT G. KAPLAN, MD, CMD, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	DIRECTOR 1.00	0.	0.	0.
MARGARET KAVANAUGH MORELLI, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD	PUBLIC MEMBER 1.00	0.	0.	0.
LORRAINE TARNOVE, 11000 BROKEN LAND PARKWAY, COLUMBIA, MD 21044	ACTING EXEC. 1.00	DIRECTOR 13,611.	UNTIL 12/14 688.	0.

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

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

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

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

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

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A

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

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

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

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42a The organization's books are in care of ► DEBBIE ADDISON Telephone no ► 410-992-3102
Located at ► 1100 BROKEN LAND PARKWAY SUITE 400, COLUMBIA, M ZIP + 4 ► 21044

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
35c	X	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b		

Form 990-EZ (2011)

132173
02-06-12

13200403 793927 17043B

2011.03040 AMERICAN MEDICAL DIRECTORS

17043B_1

**AMERICAN MEDICAL DIRECTORS CERTIFICATION
PROGRAM, INC.**

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I

46

X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II 47

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

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

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

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

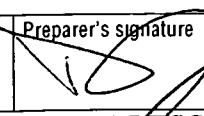
Sign Here

Signature of officer

4/10/2012

HARVEY TILLIPMAN, INTERIM EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID JONES		4/6/12		P01361002
	Firm's name ► RIBIS, JONES & MARESCA, P.A.		Firm's EIN ► 52-1853933		
Firm's address ► 10500 LITTLE PATUXENT PARKWAY, SUITE 7 COLUMBIA, MD 21044		Phone no 410-884-0220			

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

Yes No

Form 990-EZ (2011)

132174
02-06-12

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Name of the organization

AMERICAN MEDICAL DIRECTORS CERTIFICATION
PROGRAM, INC.

Employer identification number
52-1920740

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	480.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	154.
BOARD COMMITTEE MEETING	1,043.
TRAVEL	5,391.
ADMINISTRATIVE FEE PAID TO AMDA AFFILIATED ORG.	15,000.
ADVERTISING	5,294.
DESIGN	382.
OFFICE SUPPLIES	619.
TELEPHONE	1,051.
TOTAL TO FORM 990-EZ, LINE 16	28,934.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	40.	0.
DUE TO AFFILIATE (AMDA)	10,966.	0.
ACCRUED VACATION	656.	1,033.
TOTAL TO FORM 990-EZ, LINE 26	11,662.	1,033.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION OPERATES
AS A CERTIFICATION BODY FOR PHYSICIANS SEEKING THE DESIGNATION OF
"CERTIFIED MEDICAL DIRECTOR" OF LONG-TERM CARE FACILITIES.**

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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Inspection

Name of the organization

AMERICAN MEDICAL DIRECTORS CERTIFICATION
PROGRAM, INC.

Employer identification number
52-1920740

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AMERICAN MEDICAL DIRECTORS CERTIFICATION PROGRAM, INC.

IS A NON-PROFIT ORGANIZATION THAT OPERATES AS A

CERTIFICATION BODY FOR PHYSICIANS SEEKING THE DESIGNATION

OF "CERTIFIED MEDICAL DIRECTOR" OF LONG-TERM CARE FACILITIES. SINCE THE

PROGRAM'S INCEPTION, OVER 2,800 PHYSICIAN MEDICAL DIRECTORS HAVE

RECEIVED THE CERTIFIED MEDICAL DIRECTOR (CMD) DESIGNATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.