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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9312 OLD GEORGETOWN ROAD

City or town, state or country, and ZIP + 4
BETHESDA, MD 208141646

D Employer identification number
53-0239502

E Telephone number
(301) 581-9200

G Gross receipts $ 13,355,632

F Name and address of principal officer
GLENN B GASTWIRTH DPM
9312 OLD GEORGETOWN ROAD
BETHESDA, MD 208141646

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW APMA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1912

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NATIONAL PROFESSIONAL ASSOCIATION ALL OF THE ORGANIZATIONS ACTIVITIES ARE IN SUPPORT OF AND FOR THE ADVANCEMENT OF THE PROFESSION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	68
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	451,774
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-104,234

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	301,419	322,870
9	Program service revenue (Part VIII, line 2g)	11,257,909	12,124,194
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	301,530	314,509
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	639,243	594,059
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,500,101	13,355,632
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	341,161	291,202
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,943,780	6,045,472
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,064,441	6,534,907
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,349,382	12,871,581
19	Revenue less expenses Subtract line 18 from line 12	150,719	484,051

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,746,356	19,991,283
21	Total liabilities (Part X, line 26)	4,152,691	4,289,117
22	Net assets or fund balances Subtract line 21 from line 20	16,593,665	15,702,166

Part II Signature Block

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

Sign Here

****** | 2012-12-19
Signature of officer | Date

GLENN B GASTWIRTH DPM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DONALD K MARSHALL | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00173665

Firm's name (or yours if self-employed), address, and ZIP + 4: DEMBO JONES HEALY PENNINGTON & MARSHALL, 6010 EXECUTIVE BOULEVARD SUITE 900, ROCKVILLE, MD 20852 | EIN ▶ 52-1073331 | Phone no ▶ (301) 770-5100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $)

SCIENTIFIC AFFAIRS--DEVELOPED,COORDINATED, AND MANAGED THE CME EDUCATIONAL PROGRAM AT THE APMA ANNUAL SCIENTIFIC MEETING-THE NATIONAL HELD IN BOSTON, MA IN JULY 2011 -DEVELOPED, COORDINATED, AND MANAGED ASPECTS OF THE REGIONAL LECTURE SERIES PROGRAM FEATURING PROGRAMS ON PODIATRIC HISTOPATHOLOGY, COMPLICATIONS OF DIABETES AS IT AFFECTS FOOT AND ANKLE CARE, AND HEALTH INFORMATION TECHNOLOGY AND ITS VALUE IN COORDINATING TREATMENT IN PAD AT MULTIPLE REGIONAL LOCATIONS -COORDINATE TESTING OF QUALITY MEASURES FOR FOOT AND ANKLE CRE FOR CONTINUED ENDORSEMENT BY THE NATIONAL QUALITY FORUM (NQF)

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

COUNCIL ON PODIATRIC MEDICAL EDUCATION --CONDUCTED TWO-DAY WORKSHOP FOR 35 NEW AND EXPERIENCED EVALUATORS -COMPLETED A COMPREHENSIVE REVIEW AND REVISION OF THE STANDARDS AND PROCEDURES USED TO APPROVE SPONSORS OF CONTINUED EDUCATION IN PODIATRIC MEDICINE -COMPLETE A COMPREHENSIVE REVIEW AND REVISION OF THE CRITERIA AND GUIDELINES USED TO RECOGNIZE CERTIFYING BOARD IN PODIATRIC MEDICINE -CONDUCTED APPROXIMATELY 48 RESIDENCY ON-SITE EVALUATIONS AND TWO COLLEGE ON-SITE EVALUATION -GRANTED INITIAL ACCREDITATION TO A NINTH COLLEGE OF PODIATRIC MEDICINE -APPROVED APPROXIMATELY 14 SPONSORS OF CONTINUING EDUCATION -STAFF CONDUCTED SEVERAL OPEN FORUMS AT NATIONAL CONFERENCES AND MEETINGS

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

LEGISLATIVE ADVOCACY --WORKED TO DEFINE PODIATRIC PHYSICIANS AS PHYSICIANS IN TITLE XIX -SUCCESSFULLY PROTECTED THE PROVISION OF HEALTH REFORM LEGISLATION TO PROHIBIT HEALTH PLANS FROM DISCRIMINATING AGAINST DOCTORS OF PODIATRIC MEDICINE -SUCCESSFULLY LOBBIED CONGRESS TO AVERT DRASTIC CUTS TO PHYSICIANS REIMBURSEMENTS UNDER MEDICARE

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

STATE ADVOCACY--PUBLISHED ARTICLES IN VARIOUS APMA PUBLICATIONS RELEVANT TO STATE REGULATORY, LEGAL, AND LEGISLATIVE ISSUES -PROVIDED STRATEGIC ADVICE AND GUIDANCE TO MEMBERS AND STATE COMPONENT SOCIETIES TO HELP THEIR EFFORTS TO RESOLVE ISSUES THROUGH LEGAL, REGULATORY, AND LEGISLATIVE MEANS SUCH ISSUES INCLUDE SCOPE OF PRACTICE, MEDICAID, PRIVATE INSURANCE, AND HOSPITAL PRIVILEGING -DRAFTED ISSUES BRIEFS, FACTS SHEETS AND OTHER MATERIALS TO EDUCATE STAKEHOLDERS ON THE IMPORTANT PUBLIC POLICY ISSUES RELEVANT TO THE PRACTICE OF PODIATRIC MEDICINE -ORGANIZE BIENNIAL STATE ADVOCACY FORUM TO FURTHER STATE COMPENENT STATE ADVOCACY EFFORTS-DEVELOP MODEL LAW AND OTHER RESOURCES TO HELP STATE COMPONENTS RESOLVE FEE DISCRIMINATION PUBLICATIONS--PUBLISHED TEN ISSUES OF THE APMA NEWS MAGAZINE -PUBLISHED SIX ISSUES OF THE AWARD WINNING JOURNAL OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION -UPDATED AND PRINTED BROCHURES RELATING TO PODIATRIC MEDICINE -PUBLISHED WEEKLY ISSUES OF THE APMA WEEKLY FOCUS, AN ONLINE NEWSLETTER APMA ANNUAL SCIENTIFIC MEETING-THE NATIONAL--MEETING HELD IN BOSTON, MA IN JULY 2011-OVER 3,000 INDIVIDUALS ATTENDED THE MEETING (REGISTRANTS, SPEAKERS, EXHIBITORS, AND GUESTS) -UP TO 35 HOURS OF CONTINUING MEDICAL EDUCATION CONTACT HOURS WERE PROVIDED -BREAKFAST SYMPOSIA AND THREE LECTURE TRACKS WERE PROVIDED DAILY HIGHLIGHTING AREAS SUCH AS SURGERY, DIABETIC FOOT CARE, PAD, IMAGING, WOUND CARE, DERMATOLOGY, PAIN MANAGEMENT, SPORTS MEDICINE, PEDIATRICS, AND PRACTICE MANAGEMENT HEALTH POLICY AND PRACTICE--CONTINUED PARTICIPATION IN RUC AND CPT -MET WITH AND SUBMITTED REGULAR COMMENTS TO CMS ADVOCATING FOR THE PODIATRIC PROFESSION -COMMUNICATED WITH PRIVATE INSURANCE COMPANIES ADVOCATING FOR THE PODIATRIC PROFESSION -CONDUCTED 10 CODING SEMINARS AND ADDITIONAL WEBINARS FOR SELECT REGIONS -FACILITATED THE ANNUAL NATIONAL CAC-PIAC MEETING -CONTINUED DEVELOPMENT AND ENHANCEMENT OF THE ONLINE CODING RESOURCE CENTER -CONTINUED DEVELOPMENT AND ROLLOUT OF CODING CERTIFICATION EXAM RELATIONSHIP WITH THIRD PARTY -DEVELOPED COALITIONS AND RELATIONSHIPS WITH SIMILAR ASSOCIATIONS TO ADVOCATE FOR COMMON ISSUES -DEVELOPED OR CONTRACTED WITH CONSULTANTS FOR DEVELOPMENT OF EDUCATIONAL AND COMPLIANCE MATERIALS FOR MEMBERS -ASSISTED ASSOCIATION IN THE DEVELOPMENT OF MATERIAL AND PREPARATION FOR LEGAL PROCEEDINGS PUBLIC RELATIONS--DEVELOPED AND MAINTAINED A NATIONAL PODIATRIC CAPABILITIES CAMPAIGN WITH WEBSITE AND NEWSLETTER DISTRIBUTION -CONDUCTED A NATIONAL SURVEY ON FOOT HEALTH AND FOOT CARE -SECURED NUMEROUS PLACEMENTS IN TOP-TIER MEDIA PUBLICATIONS THROUGHOUT THE COUNTRY -CREATED AND DISTRIBUTED 10+ PRESS RELEASES, 100+ MEDIA PITCHES, 12+ FEATURE ARTICLES -CONDUCTED A NATIONAL DIABETES CAMPAIGN "KNOCK YOUR SOCKS OFF", TARGETING THOSE WITH AND AT RISK FOR DIABETES -CONDUCTED A NATIONAL FOOT AWARENESS CAMPAIGN- PODIATRISTS KEEP AMERICA MOVING- TARGETING ELEMENTARY AGE CHILDREN AND THEIR PARENTS-CONTINUED CONTENT CREATION FOR SEVERAL AREAS OF THE APMA WEBSITE -FACILITATED THE ANNUAL PUBLIC EDUCATION AND INFORMATION COMMITTEE MEETING

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

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		No
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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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, line10? *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	Yes	
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? **Note.** 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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	202		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	68		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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			**13a**		
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	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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

☐ Own website ☐ Another's website ☑ 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 ▶

THE ASSOCIATION
9312 OLD GEORGETOWN ROAD
BETHESDA, MD 20814
(301) 581-9200

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) MICHAEL J KING DPM PAST PRESIDENT (IMMEDIATE)	5 00	X						162,112	0	0
(2) JOSEPH M CAPORUSSO DPM PRESIDENT	20 00	X						14,030	0	0
(3) MATTHEW G GAROUFALIS DPM PRESIDENT ELECT	15 00	X						13,065	0	0
(4) FRANK A SPINOSA DPM VICE PRESIDENT	10 00	X						10,308	0	0
(5) SYLVIA VIRBULIS DPM TRUSTEE	5 00	X						0	0	0
(6) R DANIEL DAVIS DPM TRUSTEE	5 00	X						10,621	0	0
(7) JEFFREY R DESANTIS DPM TRUSTEE	5 00	X						7,519	0	0
(8) DAVID G EDWARDS DPM TRUSTEE	5 00	X						8,524	0	0
(9) DENNIS R FRISCH DPM TRUSTEE	5 00	X						8,805	0	0
(10) IRA KRAUS DPM TRUSTEE	5 00	X						12,750	0	0
(11) LAURA J PICKARD DPM TRUSTEE	5 00	X						6,159	0	0
(12) SETH RUBENSTEIN DPM TRUSTEE	5 00	X						10,765	0	0
(13) PHILLIP E WARD DPM TREASURER	5 00	X						13,758	0	0
(14) GLENN B GASTWIRTH DPM EXECUTIVE DIRECTOR	40 00			X				461,920	0	87,977
(15) JAY LEVIRO DEPUTY EXECUTIVE DIR	40 00				X			220,714	0	95,974
(16) JAMES CHRISTINA DIR OF SCIENTIFIC AFFAIRS	40 00					X		151,625	0	58,114
(17) HEATHER PALMER DIR OF FUND & DEVELOPMENT	40 00					X		131,017	0	42,477

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) ALAN TINKLEMAN DIR OF CPME	40 00					X		135,319	0	68,419
(19) SCOTT L HAAG DIR OF HEALTH POLICY AND	40 00					X		128,220	0	36,183
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,507,231	0	389,144

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 ▶ 8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		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
GMMB 1010 WISCONSIN AVE NW WASHINGTON, DC 20007	PUBLIC RELATIONS/MARKETING	155,298

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 ▶ 1

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 322,870				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		322,870			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	7,638,009	7,638,009		
	b SPONSORSHIP INCOME	561499	1,655,649	1,655,649		
	c ACCREDITATION	611710	988,515	988,515		
	d EXHIBIT REVENUE	561499	703,875	703,875		
	e SUBSCRIPTIONS AND SALE	511120	347,690	347,690		
	f All other program service revenue		790,456	790,456		
	g **Total.** Add lines 2a–2f		12,124,194			
	3 Investment income (including dividends, interest and other similar amounts)		314,509	314,509		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		142,285	142,285		
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	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					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	541800	451,774		451,774	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		451,774			
	12 **Total revenue.** See Instructions		13,355,632	12,580,988	451,774	0

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	291,202			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	1,507,231			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,875,125			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	582,329			
9	Other employee benefits	763,222			
10	Payroll taxes	317,565			
11	Fees for services (non-employees)				
a	Management				
b	Legal	171,824			
c	Accounting	43,900			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties . .				
16	Occupancy	129,511			
17	Travel	1,266,580			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	673,123			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	311,710			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING AND PUBLICATIO	1,059,485			
b	CONSULTING SERVICES	724,423			
c	PROFESSIONAL FEES	357,428			
d	ADMIN-GOVT EDUCATION F	304,940			
e					
f	All other expenses	1,491,983			
25	**Total functional expenses.** Add lines 1 through 24f	12,871,581			
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,430,119	1	1,207,496
	2	Savings and temporary cash investments		1,748,421	2	3,301,360
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		301,440	4	241,168
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		72,208	8	57,649
	9	Prepaid expenses and deferred charges		516,775	9	703,498
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 6,237,554			
	b	Less accumulated depreciation	10b 3,890,733	2,361,929	10c	2,346,821
	11	Investments—publicly traded securities		14,099,461	11	11,901,416
	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		216,003	15	231,875
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,746,356	16	19,991,283
Liabilities	17	Accounts payable and accrued expenses		897,929	17	651,748
	18	Grants payable			18	
	19	Deferred revenue		1,991,662	19	2,077,971
	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		1,263,100	25	1,559,398
	26	**Total liabilities.** Add lines 17 through 25		4,152,691	26	4,289,117
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,495,015	27	15,585,586
	28	Temporarily restricted net assets		98,650	28	116,580
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		16,593,665	33	15,702,166
	34	Total liabilities and net assets/fund balances		20,746,356	34	19,991,283

Part XI Reconcilliation 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	13,355,632
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,871,581
3	Revenue less expenses Subtract line 2 from line 1	3	484,051
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,593,665
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,375,550
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	15,702,166

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☐ Consolidated basis ☑ 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?	3a		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	3b		

Additional Data

Software ID:
Software Version:
EIN: 53-0239502
Name: AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

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

STATE ADVOCACY--PUBLISHED ARTICLES IN VARIOUS APMA PUBLICATIONS RELEVANT TO STATE REGULATORY, LEGAL, AND LEGISLATIVE ISSUES -PROVIDED STRATEGIC ADVICE AND GUIDANCE TO MEMBERS AND STATE COMPONENT SOCIETIES TO HELP THEIR EFFORTS TO RESOLVE ISSUES THROUGH LEGAL, REGULATORY, AND LEGISLATIVE MEANS SUCH ISSUES INCLUDE SCOPE OF PRACTICE, MEDICAID, PRIVATE INSURANCE, AND HOSPITAL PRIVILEGING -DRAFTED ISSUES BRIEFS, FACTS SHEETS AND OTHER MATERIALS TO EDUCATE STAKEHOLDERS ON THE IMPORTANT PUBLIC POLICY ISSUES RELEVANT TO THE PRACTICE OF PODIATRIC MEDICINE -ORGANIZE BIENNIAL STATE ADVOCACY FORUM TO FURTHER STATE COMPENENT STATE ADVOCACY EFFORTS-DEVELOP MODEL LAW AND OTHER RESOURCES TO HELP STATE COMPONENTS RESOLVE FEE DISCRIMINATION PUBLICATIONS--PUBLISHED TEN ISSUES OF THE APMA NEWS MAGAZINE -PUBLISHED SIX ISSUES OF THE AWARD WINNING JOURNAL OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION -UPDATED AND PRINTED BROCHURES RELATING TO PODIATRIC MEDICINE -PUBLISHED WEEKLY ISSUES OF THE APMA WEEKLY FOCUS, AN ONLINE NEWSLETTER APMA ANNUAL SCIENTIFIC MEETING-THE NATIONAL--MEETING HELD IN BOSTON, MA IN JULY 2011-OVER 3,000 INDIVIDUALS ATTENDED THE MEETING (REGISTRANTS, SPEAKERS, EXHIBITORS, AND GUESTS) -UP TO 35 HOURS OF CONTINUING MEDICAL EDUCATION CONTACT HOURS WERE PROVIDED -BREAKFAST SYMPOSIA AND THREE LECTURE TRACKS WERE PROVIDED DAILY HIGHLIGHTING AREAS SUCH AS SURGERY, DIABETIC FOOT CARE, PAD, IMAGING, WOUND CARE, DERMATOLOGY, PAIN MANAGEMENT, SPORTS MEDICINE, PEDIATRICS, AND PRACTICE MANAGEMENT HEALTH POLICY AND PRACTICE--CONTINUED PARTICIPATION IN RUC AND CPT -MET WITH AND SUBMITTED REGULAR COMMENTS TO CMS ADVOCATING FOR THE PODIATRIC PROFESSION -COMMUNICATED WITH PRIVATE INSURANCE COMPANIES ADVOCATING FOR THE PODIATRIC PROFESSION -CONDUCTED 10 CODING SEMINARS AND ADDITIONAL WEBINARS FOR SELECT REGIONS -FACILITATED THE ANNUAL NATIONAL CAC-PIAC MEETING -CONTINUED DEVELOPMENT AND ENHANCEMENT OF THE ONLINE CODING RESOURCE CENTER -CONTINUED DEVELOPMENT AND ROLLOUT OF CODING CERTIFICATION EXAM RELATIONSHIP WITH THIRD PARTY -DEVELOPED COALITIONS AND RELATIONSHIPS WITH SIMILAR ASSOCIATIONS TO ADVOCATE FOR COMMON ISSUES -DEVELOPED OR CONTRACTED WITH CONSULTANTS FOR DEVELOPMENT OF EDUCATIONAL AND COMPLIANCE MATERIALS FOR MEMBERS -ASSISTED ASSOCIATION IN THE DEVELOPMENT OF MATERIAL AND PREPARATION FOR LEGAL PROCEEDINGS PUBLIC RELATIONS--DEVELOPED AND MAINTAINED A NATIONAL PODIATRIC CAPABILITIES CAMPAIGN WITH WEBSITE AND NEWSLETTER DISTRIBUTION -CONDUCTED A NATIONAL SURVEY ON FOOT HEALTH AND FOOT CARE -SECURED NUMEROUS PLACEMENTS IN TOP-TIER MEDIA PUBLICATIONS THROUGHOUT THE COUNTRY -CREATED AND DISTRIBUTED 10+ PRESS RELEASES, 100+ MEDIA PITCHES, 12+ FEATURE ARTICLES -CONDUCTED A NATIONAL DIABETES CAMPAIGN "KNOCK YOUR SOCKS OFF", TARGETING THOSE WITH AND AT RISK FOR DIABETES -CONDUCTED A NATIONAL FOOT AWARENESS CAMPAIGN- PODIATRISTS KEEP AMERICA MOVING- TARGETING ELEMENTARY AGE CHILDREN AND THEIR PARENTS-CONTINUED CONTENT CREATION FOR SEVERAL AREAS OF THE APMA WEBSITE -FACILITATED THE ANNUAL PUBLIC EDUCATION AND INFORMATION COMMITTEE MEETING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493007015283

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	Employer identification number
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC	53-0239502

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 ▶ $ _____

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-

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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) 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		No

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

1	Dues, assessments and similar amounts from members	1	7,368,009
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	232,678
b	Carryover from last year	2b	
c	Total	2c	232,678
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	381,900
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	-149,222

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

Employer identification number
53-0239502

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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)

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

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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	6,104,042	4,992,235	4,317,441	5,626,065	
b	Contributions	221,738	393,757	188,586	207,513	
c	Investment earnings or losses	-273,463	914,550	651,237	-1,228,896	
d	Grants or scholarships	-222,000	-196,500	-165,029	287,241	
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	5,830,317	6,104,042	4,992,235	4,317,441	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 77 000 %
- c Term endowment ▶ 23 000 %

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)	Yes	

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

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		863,791		863,791
b Buildings		3,673,412	2,543,754	1,129,658
c Leasehold improvements				
d Equipment		1,387,488	1,164,116	223,372
e Other		312,863	182,863	130,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,346,821

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION BENEFIT COST	249,325
LIABILITY FOR PENSION BENEFITS	1,078,198
DEFERRED COMPENSATION PAYABLE	231,875
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,559,398

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	13,355,632
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,871,581
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	484,051
4	Net unrealized gains (losses) on investments	4	-907,486
5	Donated services and use of facilities	5	
6	Investment expenses	6	-46,647
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-421,417
9	Total adjustments (net) Add lines 4 - 8	9	-1,375,550
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-891,499

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	12,401,499
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-907,486		
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	-907,486
3	Subtract line **2e** from line **1**			3	13,308,985
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	46,647		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	46,647
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	13,355,632

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

1	Total expenses and losses per audited financial statements			1	12,871,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	12,871,581
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,871,581

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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE ASSOCIATION TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT UNCERTAIN TAX POSITIONS TAKEN WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE ASSOCIATION HAS ANALYZED TAX POSITIONS TAKEN AND HAS CONCLUDED THAT, AS OF MAY 31, 2012 AND 2011, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEARS AND AS OF MAY 31, 2012 AND 2011, THE ASSOCIATION HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL LOSS ON PENSION OBLIGATION -421,417

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

Employer identification number
53-0239502

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 II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. 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) AMERICAN PODIATRIC MED STUDENT ASSOCIATION9312 OLD GEORGETOWN ROAD BETHESDA,MD 20814	52-1259270	501C (6)	28,250		FMV		OPERATING GRANT
(2) THOMSON REUTERSPO BOX 71716 CHICAGO,IL 60694	06-1467923		33,000		FMV		RESEARCH GRANT
(3) BOSTON MEDICAL CENTER660 HARRISON AVE 2ND FLOOR BOSTON,MA 02118	04-3314093	501C (3)	75,000		FMV		RESEARCH GRANT
(4) AMERICAN ASSOCIATION OF COLLEGES OF PODIATRIC MEDICINE15850 CRABBS BRANCH WAY SUITE 320 ROCKVILLE,MD 20855	52-0854283	501C (3)	17,500		FMV		RESEARCH GRANT
(5) THE FOUNDATION FOR PODIATRIC MEDICINE 1225 FIFTH AVENUE NEW YORK,NY 10029	06-1179217	501C (3)	15,000		FMV		EDUCATION GRANT
(6) MIDWEST PODIATRY CONFERENCE122 S MICHIGAN AVE 1441 CHICAGO,IL 60603	36-3032201	501C (6)	20,000		FMV		EDUCATION GRANT
(7) CALIFORNIA PODIATRIC MEDICAL ASSOCIATION2430 K STREET SACRAMENTO,CA 95816	94-1215732	501C (6)	45,000		FMV		EDUCATION GRANT
(8) FLORIDA PODIATRIC MEDICAL ASSOCIATION 410 N GADSDEN STREET TALLAHASSEE,FL 32301	59-1235979	501C (6)	15,000		FMV		EDUCATION GRANT
(9) APMA REGION THREE 26 MARGATE DRIVE HUMMELSTOWN,PA 17036	23-2082310	501C (3)	15,000		FMV		EDUCATION GRANT
(10) APMA REGION FIVE 1960 BETHEL ROAD SUITE 140 COLUMBUS,OH 43220	23-7239698	501C (3)	5,000		FMV		EDUCATION GRANT

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

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

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

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 SCHEDULE I, PART I, LINE 2 LEGAL AND LEGISLATIVE ASSISTANCE GRANTS- GRANT REQUESTS SUBMITTED WITH DETAILED ACTION PLANS AND/OR DETAILS OF EXPENSES INCURRED RESEARCH GRANT- DETAILED PROPOSALS APPROVED INTERIM PROGRESS REPORTS AND FINAL REPORTS REQUIRED OPERATING- NO REPORTING NECESSARY FUNDS USED TO OFFSET OPERATING COSTS TO RELATED ORGANIZATION EDUCATION GRANTS - APMA MONITORS THE GRANTS BY ACTIVELY PARTICIPATING IN THE EDUCATIONAL PROGRAMS FOR WHICH THE GRANTS ARE AWARDED

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 53-0239502
Name: AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

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
AMERICAN PODIATRIC MED STUDENT ASSOCIATION9312 OLD GEORGETOWN ROAD BETHESDA,MD 20814	52-1259270	501C (6)	28,250		FMV		OPERATING GRANT
THOMSON REUTERS PO BOX 71716 CHICAGO,IL 60694	06-1467923		33,000		FMV		RESEARCH 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
BOSTON MEDICAL CENTER660 HARRISON AVE 2ND FLOOR BOSTON,MA 02118	04-3314093	501C (3)	75,000		FMV		RESEARCH GRANT
AMERICAN ASSOCIATION OF COLLEGES OF PODIATRIC MEDICINE15850 CRABBS BRANCH WAY SUITE 320 ROCKVILLE,MD 20855	52-0854283	501C (3)	17,500		FMV		RESEARCH 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
THE FOUNDATION FOR PODIATRIC MEDICINE1225 FIFTH AVENUE NEW YORK,NY 10029	06-1179217	501C (3)	15,000		FMV		EDUCATION GRANT
MIDWEST PODIATRY CONFERENCE122 S MICHIGAN AVE 1441 CHICAGO,IL 60603	36-3032201	501C (6)	20,000		FMV		EDUCATION 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
CALIFORNIA PODIATRIC MEDICAL ASSOCIATION2430 K STREET SACRAMENTO,CA 95816	94-1215732	501C (6)	45,000		FMV		EDUCATION GRANT
FLORIDA PODIATRIC MEDICAL ASSOCIATION410 N GADSDEN STREET TALLAHASSEE,FL 32301	59-1235979	501C (6)	15,000		FMV		EDUCATION 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
APMA REGION THREE26 MARGATE DRIVE HUMMELSTOWN,PA 17036	23-2082310	501C (3)	15,000		FMV		EDUCATION GRANT
APMA REGION FIVE 1960 BETHEL ROAD SUITE 140 COLUMBUS,OH 43220	23-7239698	501C (3)	5,000		FMV		EDUCATION GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC

Employer identification number
53-0239502

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		
b	Any related organization?	**5b**		
	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?	**6a**		
b	Any related organization?	**6b**		
	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	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) MICHAEL J KING DPM	(i)	162,112	0	0	0	0	162,112	0
	(ii)	0	0	0	0	0	0	0
(2) GLENN B GASTWIRTH DPM	(i)	405,710	31,210	25,000	68,412	19,565	549,897	0
	(ii)	0	0	0	0	0	0	0
(3) JAY LEVIRO	(i)	215,214	5,500	0	70,255	25,719	316,688	0
	(ii)	0	0	0	0	0	0	0
(4) JAMES CHRISTINA	(i)	148,317	3,308	0	33,984	24,130	209,739	0
	(ii)	0	0	0	0	0	0	0
(5) HEATHER PALMER	(i)	130,209	808	0	16,207	26,270	173,494	0
	(ii)	0	0	0	0	0	0	0
(6) ALAN TINKLEMAN	(i)	134,511	808	0	53,139	15,280	203,738	0
	(ii)	0	0	0	0	0	0	0
(7) SCOTT L HAAG	(i)	127,412	808	0	14,188	21,995	164,403	0
	(ii)	0	0	0	0	0	0	0

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
	PART I, LINE 1A	FIRST CLASS AIR TRAVEL IS AUTHORIZED FOR THE ASSOCIATION PRESIDENT AND HIS/HER SPOUSE AND THE EXECUTIVE DIRECTOR AND HIS/HER SPOUSE WHEN AIR TRAVEL ON ANY ONE DAY EXCEEDS FOUR CONTINUOUS HOURS BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE AUTHORIZED TO HAVE SPOUSES ACCOMPANY THEM ON CERTAIN BUSINESS TRIPS SPECIFIED IN THE BOARD'S POLICY AND PROCEDURE MANUAL ALL SPOUSAL EXPENSES ARE INCLUDED ON THE BOARD MEMBERS' YEAR-END IRS FORM 1099 THE EXECUTIVE DIRECTOR'S TAXABLE SPOUSAL TRAVEL IS INCLUDED AS A TAXABLE FRINGE BENEFIT ON THE EXECUTIVE DIRECTOR'S YEAR-END W-2
	PART I, LINE 4B	GLENN GASTWIRTH, DPM- 457(B) NONQUALIFIED RETIREMENT PLAN

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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 PODIATRIC MEDICAL ASSOCIATION INC

Employer identification number
53-0239502

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

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

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR ENTERED INTO AN EMPLOYMENT AGREEMENT WITH THE BOARD OF TRUSTEES IN 2006 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES NEGOTIATED THE CONTRACT WITH THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE RETAINED AN ATTORNEY TO ASSIST IN THE RESEARCH AND DELIBERATIONS COMPARABILITY DATA WAS UTILIZED STAFF COMPENSATION, INCLUDING TOP MANAGEMENT AND KEY EMPLOYEES, IS DETERMINED BY THE EXECUTIVE DIRECTOR COMPARABILITY DATA PROCURED FROM REPUTABLE SOURCES SUCH AS THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES (ASAE) IS UTILIZED IN DETERMINING COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE UPON REQUEST SOME OF THE INFORMATION IS AVAILABLE ON THE PUBLIC WEBSITE

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	EQUIPMENT MAINTENANCE AND RENTAL TOTAL EXPENSES 207,294 BAD DEBT EXPENSE TOTAL EXPENSES 200,000 MISCELLANEOUS TOTAL EXPENSES 199,598 POSTAGE AND SHIPPING TOTAL EXPENSES 184,964 SUBSCRIPTIONS TOTAL EXPENSES 139,870 CREDIT CARD FEES TOTAL EXPENSES 138,883 SUPPLIES TOTAL EXPENSES 77,476 INSURANCE TOTAL EXPENSES 74,279 AUDIOVISUAL TOTAL EXPENSES 67,786 ADVERTISING TOTAL EXPENSES 63,923 TELEPHONE TOTAL EXPENSES 51,999 REAL ESTATE TAX TOTAL EXPENSES 43,108 PROMOTION TOTAL EXPENSES 21,317 LEASE EXPENSE TOTAL EXPENSES 16,618 SOFTWARE TOTAL EXPENSES 4,868

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -907,486 INVESTMENT EXPENSES -46,647 ACTUARIAL LOSS ON PENSION OBLIGATION -421,417 TOTAL TO FORM 990, PART XI, LINE 5 -1,375,550

Identifier	Return Reference	Explanation
		NO CHANGE IN OVERSIGHT PROCESS OF AUDIT

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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 PODIATRIC MEDICAL ASSOCIATION INC

Employer identification number
53-0239502

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 PODIATRIC MEDICAL ASSOCIATION EDUCATIONAL FDN INC 9312 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-1268752	CHARITABLE EDUCATION INITIATIVE OF APMA	MD	501(C)(3)	NOT PRIVATE FDN	AMERICAN PODITRIC MEDICAL ASSOCIATION		No
(2) APMA POLITICAL ACTION COMMITTEE 9312 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-1005385	POLITICAL ACTION COMMITTEE ACTIVITIES	MD	IRC SECTION 517		AMERICAN PODITRIC MEDICAL ASSOCIATION		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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

		Yes	No
1	During the tax year, did the orgranization 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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	