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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)	OMB No 1545-0047 2012
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN PODIATRIC MEDICAL ASSOCIATION INC		D Employer identification number 53-0239502
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 9312 OLD GEORGETOWN ROAD	Room/suite	E Telephone number (301) 581-9200
	City or town, state or country, and ZIP + 4 BETHESDA, MD 208141646		G Gross receipts \$ 13,258,559
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/>	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: <input checked="" type="checkbox"/> WWW.APMA.ORG			

K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other	L Year of formation	1912	M State of legal domicile	MD
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities NATIONAL PROFESSIONAL ASSOCIATION ALL OF THE ORGANIZATIONS ACTIVITIES ARE IN SUPPORT OF AND FOR THE ADVANCEMENT OF THE PROFESSION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	64	
6	Total number of volunteers (estimate if necessary)	6	13	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	462,770	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-149,470	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	322,870	319,322
	9	Program service revenue (Part VIII, line 2g)	12,124,194	11,992,942
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	314,509	358,813
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	594,059	587,482
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,355,632	13,258,559
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	291,202	302,716
	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)	6,045,472	6,474,624
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,534,907	6,730,925
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,871,581	13,508,265
	19	Revenue less expenses Subtract line 18 from line 12	484,051	-249,706
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	19,991,283	21,495,290
21		Total liabilities (Part X, line 26)	4,289,117	5,050,250
22		Net assets or fund balances Subtract line 21 from line 20	15,702,166	16,445,040

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

Sign Here	***** Signature of officer			2013-12-06 Date	
	GLENN B GASTWIRTH DPM EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DONALD K MARSHALL		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00173665	
	Firm's name ▶ DEMBO JONES HEALY PENNINGTON & MARSHALL			Firm's EIN ▶ 52-1073331	
	Firm's address ▶ 6010 EXECUTIVE BOULEVARD SUITE 900 ROCKVILLE, MD 20852			Phone no (301) 770-5100	

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

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 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-- SUCCESSFULLY DEVELOPED AND MANAGED CME PROGRAM IN WASHINGTON, DC AT THE APMA ANNUAL SCIENTIFIC MEETING FEATURING BREAKFAST SYMPOSIA, PLENARY LECTURES, HANDS ON WORKSHOPS AND EDUCATIONAL TRACKS COVERING A VARIETY OF SUBJECTS INCLUDING SURGERY, BIOMECHANICS, PATHOLOGY, DIABETES, WOUND CARE, ETC - DEVELOPED, MANAGED AND DEPLOYED REGIONAL LECUTRE SERIES EDUCATIONAL PROGRAMS ON DERMATOPATHOLOGY, GOUT, AND ELECTRONIC HEALTH RECORDS AT MEETINGS IN NEW YORK, ORLANDO, CHICAGO, ANAHEIM AND ATLANTIC CITY - PRODUCED AND DELIVERED WEBINARS ON MEANINGFUL USE/ELECTRONIC HEALTH RECORDS, E-PRESCRIBING, AND PHYSICIAN QUALITY REPORTING SYTEMS FOR APMA MEMBERS TO EDUCATE THEM ABOUT INCENTINVE PAYMENT PROGRAMS AVAILABLE FROM CMS
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	COUNCIL ON PODIATRIC MEDICAL EDUCATION --COUNDUCTED A WEBINAR REGARDING CHANGES IN THE RESIDENCY STANDARDS AND REQUIREMENTS DOCUMENT FOR EXPERIENCED EVALUATORS-CONDUCTED APPROXIMATELY 36 RESIDENCY ON-SITE EVALUATIONS AND TWO FELLOWSHIP ON-SITE EVALUATIONS- DETERMINED SEVEN NEW SPONSORS OF RESIDENCY PROGRAMS, WITH A TOTAL OF 12 FIRST-YEAR POSITIONS, WERE ELIGIBLE FOR ON-SITE EVALUATION- APPROVED APPROXIMATELY 15 SPONSORSHIPS 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 WASHINGTON, DC IN AUGUST 2012-OVER 2,000 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		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		
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	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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		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	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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 United States? If "Yes," complete Schedule F, Parts II and IV		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 United States? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	214	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		64	
2b		Yes	
3a		Yes	
3b		Yes	
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			
7b			
7c			
7d			
7e			
7f			
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) LAWRENCE A SANTI DPM TRUSTEE	5 00	X						0	0	0
(2) JOSEPH M CAPORUSSO DPM PAST PRESIDENT (IMMEDIATE)	5 00	X						199,623	0	0
(3) MATTHEW G GAROUFALIS DPM PRESIDENT	20 00	X						12,231	0	0
(4) FRANK A SPINOSA DPM PRESIDENT- ELECT	15 00	X						9,300	0	0
(5) SYLVIA VIRBULIS DPM TRUSTEE	5 00	X						925	0	0
(6) R DANIEL DAVIS DPM TREASURER	5 00	X						8,240	0	0
(7) JEFFREY R DESANTIS DPM TRUSTEE	5 00	X						8,965	0	0
(8) DAVID G EDWARDS DPM TRUSTEE	5 00	X						10,859	0	0
(9) DENNIS R FRISCH DPM TRUSTEE	5 00	X						8,122	0	0
(10) IRA KRAUS DPM TRUSTEE	5 00	X						13,100	0	0
(11) LAURA J PICKARD DPM TRUSTEE	5 00	X						7,814	0	0
(12) SETH RUBENSTEIN DPM TRUSTEE	5 00	X						8,718	0	0
(13) PHILLIP E WARD DPM VICE PRESIDENT	10 00	X						12,905	0	0
(14) GLENN B GASTWIRTH DPM EXECUTIVE DIRECTOR	40 00			X				504,052	0	89,750
(15) JAY LEVRIO DEPUTY EXECUTIVE DIR	40 00				X			227,421	0	97,360
(16) JAMES CHRISTINA DIR OF SCIENTIFIC AFFAIRS	40 00					X		156,722	0	60,444
(17) HEATHER PALMER DIR OF FUND & DEVELOPMENT	40 00					X		136,587	0	45,561

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,745,771	0	429,366

2 Total number of individuals (including but not limited to those listed in Item 1) 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	162,740

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

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

			(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	319,322			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		319,322			
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code 900099	7,738,288	7,738,288		
	b	SPONSORSHIP INCOME	561499	1,534,388	1,534,388		
	c	ACCREDITATION	611710	985,283	985,283		
	d	EXHIBIT REVENUE	561499	613,685	613,685		
	e	SUBSCRIPTIONS AND SALES	511120	376,062	376,062		
	f	All other program service revenue		745,236	745,236		
	g	Total. Add lines 2a-2f		11,992,942			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		358,813	358,813	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		124,712	124,712		
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
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	462,770		462,770		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		462,770				
12	Total revenue. See Instructions		13,258,559	12,476,467	462,770	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).

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.	302,716			
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.				
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.	4,645,630			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	648,750			
9	Other employee benefits.	857,099			
10	Payroll taxes.	323,145			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	181,062			
c	Accounting.	38,000			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	115,443			
17	Travel.	1,457,758			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	944,533			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	180,574			
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PRINTING AND PUBLICATIO	968,276			
b	CONSULTING SERVICES	755,486			
c	PROFESSIONAL FEES	322,735			
d	ADMIN-GOVT EDUCATION F	310,173			
e	All other expenses	1,456,885			
25	Total functional expenses. Add lines 1 through 24e.	13,508,265			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,207,496	1	1,684,963
	2	Savings and temporary cash investments		3,301,360	2	2,675,121
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		241,168	4	139,594
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		57,649	8	52,737
	9	Prepaid expenses and deferred charges		703,498	9	788,853
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a6,259,337			
	b	Less accumulated depreciation	10b4,071,307	2,346,821	10c	2,188,030
	11	Investments—publicly traded securities		11,901,416	11	13,677,364
	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		231,875	15	288,628
	16	Total assets. Add lines 1 through 15 (must equal line 34)		19,991,283	16	21,495,290
Liabilities	17	Accounts payable and accrued expenses		651,748	17	721,304
	18	Grants payable			18	
	19	Deferred revenue		2,077,971	19	2,371,626
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		1,559,398	25	1,957,320
	26	Total liabilities. Add lines 17 through 25		4,289,117	26	5,050,250
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		15,585,586	27	16,319,311
	28	Temporarily restricted net assets		116,580	28	125,729
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,702,166	33	16,445,040
	34	Total liabilities and net assets/fund balances		19,991,283	34	21,495,290

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,258,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,508,265
3	Revenue less expenses Subtract line 2 from line 1	3	-249,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,702,166
5	Net unrealized gains (losses) on investments	5	1,465,081
6	Donated services and use of facilities	6	
7	Investment expenses	7	-48,469
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-424,032
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,445,040

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION INC	Employer identification number 53-0239502
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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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	7,738,288
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	306,447
b	Carryover from last year	2b	
c	Total	2c	306,447
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	386,914
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	-80,467

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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

OMB No 1545-0047

2012

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ 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 XIII
- 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,830,317	6,104,042	4,992,235	4,317,441	5,626,065
b Contributions	187,676	221,738	393,757	188,586	207,513
c Net investment earnings, gains, and losses	809,041	-273,463	914,550	651,237	-1,228,896
d Grants or scholarships	-227,500	-222,000	-196,500	-165,029	287,241
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,599,534	5,830,317	6,104,042	4,992,235	4,317,441

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

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 XIII 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		3,685,885	2,603,480	1,082,405
c Leasehold improvements				
d Equipment		1,396,798	1,258,964	137,834
e Other		312,863	208,863	104,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,188,030

Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	14,675,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,465,081
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,465,081
3	Subtract line 2e from line 1	3	13,210,090
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	48,469
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	48,469
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,258,559

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

1	Total expenses and losses per audited financial statements	1	13,508,265
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,508,265
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,508,265

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2013 AND 2012, 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, 2013 AND 2012, 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. GENERALLY, THE ASSOCIATION'S TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL AND STATE EXAMINATION.

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. Part II can be duplicated 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 ASSOCIATION 9312 OLD GEORGETOWN ROAD BETHESDA,MD 20814	52-1259270	501C (6)	31,148		FMV		OPERATING GRANT
(2) AMERICAN ASSOCIATION OF COLLEGES OF PODIATRIC MEDICINE 15850 CRABBS BRANCH WAY SUITE 320 ROCKVILLE,MD 20855	52-0854283	501C (3)	30,000		FMV		PROJECT GRANT
(3) MIDWEST PODIATRY CONFERENCE 122 S MICHIGAN AVE 1441 CHICAGO,IL 60603	36-3032201	501C (6)	10,000		FMV		EDUCATION GRANT
(4) CALIFORNIA PODIATRIC MEDICAL ASSOCIATION 2430 K STREET SACRAMENTO,CA 95816	94-1215732	501C (6)	25,000		FMV		EDUCATION GRANT
(5) APMA REGION THREE 26 MARGATE DRIVE HUMMELSTOWN,PA 17036	23-2082310	501C (3)	10,000		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.
Part III can be duplicated 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, Part III, column (b), 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

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

2012

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOSEPH M CAPORUSSO DPM PAST PRESIDENT (IMMEDIATE)	(i) (ii)	199,623 0	0 0	0 0	0 0	0 0	199,623 0	0 0
(2)GLENN B GASTWIRTH DPM EXECUTIVE DIRECTOR	(i) (ii)	436,526 0	17,526 0	50,000 0	68,712 0	21,038 0	593,802 0	0 0
(3)JAY LEVRIO DEPUTY EXECUTIVE DIR	(i) (ii)	225,421 0	2,000 0	0 0	70,610 0	26,750 0	324,781 0	0 0
(4)JAMES CHRISTINA DIR OF SCIENTIFIC AFFAIRS	(i) (ii)	156,414 0	308 0	0 0	34,302 0	26,142 0	217,166 0	0 0
(5)HEATHER PALMER DIR OF FUND & DEVELOPMENT	(i) (ii)	136,279 0	308 0	0 0	16,559 0	29,002 0	182,148 0	0 0
(6)ALAN TINKLEMAN DIR OF CPME	(i) (ii)	142,605 0	308 0	0 0	53,601 0	16,457 0	212,971 0	0 0
(7)SCOTT L HAAG DIR OF HEALTH POLICY AND	(i) (ii)	136,709 0	308 0	0 0	14,586 0	6,528 0	158,131 0	0 0
(8)JOHN A LIESKE DIR OF FINANCE	(i) (ii)	139,949 0	308 0	0 0	21,144 0	23,935 0	185,336 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

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

2012

Open to Public
Inspection

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION INC	Employer identification number 53-0239502
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	APMA IS COMMITTED TO MEETING THE NEEDS OF YOUNG PHY SICIANS, THOSE PODIATRISTS WHO GRADUATED FROM PODIATRIC MEDICAL SCHOOL IN THE PAST 10 YEARS APMA'S YOUNG PHY SICIANS' PROGRAM INCLUDES PUBLICATIONS, EVENTS, AND OTHER RESOURCES DESIGNED WITH THE UNIQUE NEEDS OF NEW PRACTITIONERS IN MIND

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 BY LAWS THE NUMBER OF DELEGATES IS CALCULATED PURSUANT TO THE APMA BY LAWS 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 IX, LINE 24E	MISCELLANEOUS TOTAL EXPENSES 199,304 POSTAGE AND SHIPPING TOTAL EXPENSES 164,589 CREDIT CARD FEES TOTAL EXPENSES 161,515 SUBSCRIPTIONS TOTAL EXPENSES 158,670 AUDIOVISUAL TOTAL EXPENSES 124,235 BAD DEBT EXPENSE TOTAL EXPENSES 115,965 EQUIPMENT MAINTENANCE AND RENTAL TOTAL EXPENSES 106,639 ADVERTISING TOTAL EXPENSES 95,312 INSURANCE TOTAL EXPENSES 70,395 SUPPLIES TOTAL EXPENSES 69,978 REAL ESTATE TAX TOTAL EXPENSES 64,194 TELEPHONE TOTAL EXPENSES 58,901 SOFTWARE TOTAL EXPENSES 32,682 LEASE EXPENSE TOTAL EXPENSES 21,722 PROMOTION TOTAL EXPENSES 9,138 SPECIAL EVENTS TOTAL EXPENSES 3,646

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ACTUARIAL LOSS ON PENSION OBLIGATION -424,032

Identifier	Return Reference	Explanation
		NO CHANGE IN OVERSIGHT PROCESS OF AUDIT

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN PODIATRIC MEDICAL ASSOCIATION EDUCATIONAL FDN INC	B	41,556	CASH

Schedule R (Form 990) 2012

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

[illegible]

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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