

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 private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **06-01-2018**, and ending **05-31-2019**

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION

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 province, country, and ZIP or foreign postal code
BETHESDA, MD 208141621

D Employer identification number
53-0239502

E Telephone number
(301) 581-9200

G Gross receipts \$ 14,824,668

F Name and address of principal officer
JAMES CHRISTINA DPM
9312 OLD GEORGETOWN ROAD
BETHESDA, MD 208141621

H(a) Is this a group return for subordinates? Yes No

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

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

J Website: ▶ WWW APMA ORG

H(c) Group exemption number ▶

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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	64
6 Total number of volunteers (estimate if necessary)	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	277,423
7b Net unrelated business taxable income from Form 990-T, line 34	-92,130

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	300,866	237,621
9 Program service revenue (Part VIII, line 2g)	11,818,294	11,644,179
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,084,611	1,140,456
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	436,127	404,860
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,639,898	13,427,116
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	289,769	215,501
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)	7,815,622	6,525,957
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)	6,675,356	6,888,329
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,780,747	13,629,787
19 Revenue less expenses Subtract line 18 from line 12	-1,140,849	-202,671
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	24,884,716	22,935,850
21 Total liabilities (Part X, line 26)	6,263,617	5,669,114
22 Net assets or fund balances Subtract line 21 from line 20	18,621,099	17,266,736

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 Signature of officer: ***** Date: 2020-01-21
JAMES CHRISTINA DPM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-01-21
Check if self-employed PTIN: P01069854
Firm's name: ▶ DEMBO JONES PC Firm's EIN: ▶ 52-1073331
Firm's address: ▶ 6116 EXECUTIVE BLVD SUITE 500 NORTH BETHESDA, MD 20852 Phone no: (301) 770-5100

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

THE ASSOCIATION ADVANCES AND ADVOCATES FOR THE SPECIALTY OF PODIATRIC MEDICINE AND SURGERY FOR THE BENEFIT OF ITS MEMBERS AND THE HEALTH OF 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 \$)
 See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

See Additional Data Table

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No

Part IV Checklist of Required Schedules (continued)

		Yes	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>	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 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		
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>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		
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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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	64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions?	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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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?					
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. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (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? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (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 (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); 15b Other officers or key employees of the organization (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? (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?

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-A 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 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, address, and telephone number of the person who possesses the organization's books and records
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 or note to any line 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) DENNIS FRISCH DPM PAST PRESIDENT (IMMEDIATE)	15 00	X		X				114,563	0	0
(2) DAVID EDWARDS DPM PRESIDENT	20 00	X		X				7,283	0	0
(3) SETH RUBENSTEIN DPM PRESIDENT - ELECT	5 00	X		X				8,398	0	0
(4) JEFFREY DESANTIS DPM VICE PRESIDENT	5 00	X		X				9,141	0	0
(5) LAURA PICKARD DPM TREASURER	5 00	X		X				9,185	0	0
(6) DAVID ALPER DPM TRUSTEE	5 00	X						4,976	0	0
(7) BROOKE BISBEE DPM TRUSTEE	5 00	X						8,031	0	0
(8) LESLIE CAMPBELL DPM TRUSTEE	5 00	X						4,910	0	0
(9) PATRICK DEHEER DPM TRUSTEE	5 00	X						5,631	0	0
(10) SCOTT HUGHES DPM TRUSTEE	5 00	X						8,753	0	0
(11) WILLIAM LONG DPM TRUSTEE	5 00	X						0	0	0
(12) LAWRENCE SANTI DPM TRUSTEE	5 00	X						7,660	0	0
(13) SYLVIA VIRBULIS DPM TRUSTEE	5 00	X						10,535	0	0
(14) IRA KRAUS DPM PAST PRESIDENT	5 00	X		X				112,005	0	0
(15) JAMES CHRISTINA DPM EXECUTIVE DIRECTOR AND CEO	40 00			X				370,401	0	50,438
(16) JAY LEVRIO DEPUTY EXECUTIVE DIRECTOR AND COO	40 00				X			272,446	0	48,679
(17) DENIS RUSSELL DEPUTY EXECUTIVE DIRECTOR AND CBO	40 00				X			243,744	0	48,156

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

(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			
(18) HEATHER STAGLIANO COUNCIL ON PODIATRIC MEDICAL EDUCATION	40 00					X		167,593	0	8,196
(19) SCOTT HAAG HPP/CPA DIRECTOR	40 00					X		166,489	0	31,294
(20) DYANE TOWER CLINICAL AFFAIRS DIRECTOR	40 00					X		157,970	0	30,920
(21) BENJAMIN WALLNER LEGISLATIVE ADVOCACY & APMAPAC DIRECTOR	40 00					X		134,836	0	28,581
(22) MARY BETH SHAUB MEMBERSHIP SERVICE DIRECTO	40 00					X		129,320	0	31,024
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,953,870	0	277,288

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		1,953,870	0

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 ▶ 13

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FOLEY & LARDNER 3000 K STREET NW WASHINGTON, DC 20007	LEGAL	194,122
HART HEALTH STRATEGIES 3823 FORDHAM RD NW WASHINGTON, DC 20016	LEGAL	110,000

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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	237,621		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		237,621			

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		900099	7,259,061	7,259,061		
b SPONSORSHIP INCOME		561499	1,386,768	1,386,768			
c ACCREDITATION		611710	1,191,070	1,191,070			
d EXHIBIT REVENUE		561499	605,138	605,138			
e SUBSCRIPTIONS AND SALES		511120	401,542	401,542			
f All other program service revenue			800,600	800,600			
g Total. Add lines 2a-2f			11,644,179				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			290,683			290,683
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			127,437			127,437
	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	2,247,325					
	c Gain or (loss)	1,397,552					
	d Net gain or (loss)	849,773		849,773	849,773		
	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		277,423		277,423		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			277,423				
12 Total revenue. See Instructions			13,427,116	12,493,952	277,423	418,120	

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	215,501			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,321,038			
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	3,773,914			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	351,575			
9 Other employee benefits	744,350			
10 Payroll taxes	335,080			
11 Fees for services (non-employees)				
a Management				
b Legal	343,060			
c Accounting	39,000			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	50,720			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,684,854			
12 Advertising and promotion	138,773			
13 Office expenses	146,555			
14 Information technology	88,878			
15 Royalties				
16 Occupancy	173,651			
17 Travel	1,078,664			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	710,300			
20 Interest	71,954			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	347,119			
23 Insurance	63,091			
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	666,241			
b AUDIOVISUAL	402,134			
c EQUIPMENT MAINTENANCE A	221,547			
d CREDIT CARD FEES	209,700			
e All other expenses	452,088			
25 Total functional expenses. Add lines 1 through 24e	13,629,787			
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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,833,922	1	2,798,893
	2 Savings and temporary cash investments	1,586,418	2	1,327,074
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	245,744	4	213,596
	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		8	
	9 Prepaid expenses and deferred charges	330,126	9	195,263
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,040,476		
	b Less accumulated depreciation	4,948,714		
	11 Investments—publicly traded securities	16,263,951	11	14,976,890
	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	355,925	15	332,372
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,884,716	16	22,935,850	
Liabilities	17 Accounts payable and accrued expenses	1,057,476	17	885,653
	18 Grants payable		18	
	19 Deferred revenue	2,938,830	19	2,746,635
	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	0	23	1,704,454
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,267,311	25	332,372
	26 Total liabilities. Add lines 17 through 25	6,263,617	26	5,669,114
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	18,621,099	27	17,266,736
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	18,621,099	33	17,266,736
	34 Total liabilities and net assets/fund balances	24,884,716	34	22,935,850

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,427,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,629,787
3	Revenue less expenses Subtract line 2 from line 1	3	-202,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,621,099
5	Net unrealized gains (losses) on investments	5	-1,151,692
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,266,736

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0239502

Name: AMERICAN PODIATRIC MEDICAL
ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SCIENTIFIC AFFAIRS SUCCESSFULLY DEVELOPED AND MANAGED THE CONTINUING EDUCATION PROGRAM AT THE APMA 2018 ANNUAL SCIENTIFIC MEETING IN WASHINGTON, DC, FEATURING BREAKFAST SYMPOSIA, PLENARY LECTURES, HANDS-ON WORKSHOPS, ORAL AND POSTER ABSTRACTS, AND GENERAL SESSION LECTURES COVERING SURGERY, WOUND CARE, BIOMECHANICS, IMAGING, DERMATOLOGY, LIMB PRESERVATION, PUBLIC HEALTH/DISPARITIES, PAIN MANAGEMENT, RESEARCH, CODING, AND ETHICS SUCCESSFULLY DEVELOPED AND MANAGED CONTINUING EDUCATION PROGRAM AT THE 2018 GEF ANNUAL MEETING SUCCESSFULLY IMPLEMENTED AN ONLINE PROCESS FOR SUBMISSION FOR THE CALL FOR SPEAKERS FOR THE ANNUAL SCIENTIFIC MEETING IN 2019 SUCCESSFULLY SUBMITTED A PETITION FOR CONTINUED RECOGNITION AS A PROVIDER OF CONTINUING EDUCATION IN PODIATRIC MEDICINE TO THE COUNCIL ON PODIATRIC MEDICAL EDUCATION APMA WAS APPROVED AS A PROVIDER OF CONTINUING EDUCATION THROUGH 2023 ENTERED INTO A JOINT PROVIDER AGREEMENT WITH THE TEXAS HEART INSTITUTE TO PROVIDE CONTINUING EDUCATION CONTACT HOURS FOR PODIATRISTS ATTENDING THE DIABETIC FOOT GLOBAL CONFERENCE (DFCON), OCTOBER 11-13, 2018, AT THE ROYAL SONESTA HOUSTON GALLERIA, IN HOUSTON, TX ENTERED INTO A JOINT PROVIDER AGREEMENT WITH THE POSTGRADUATE INSTITUTE FOR MEDICINE FOR A SIX PART DIABETES CARE 2019 WEBINAR SERIES A TEAM-APPROACH TO DIABETES CARE THAT OFFERED ONE HOUR OF COMPLIMENTARY ONLINE CECH TO PODIATRISTS FOR EACH PART OF THE WEBINAR DEVELOPED, MANAGED, AND DEPLOYED TWO CECH REGIONAL LECTURE SERIES PROGRAMS ON "BIOPSIES AND "FUNGAL INFECTIONS OF THE LOWER EXTREMITY" TO THE SCIENCE AND MANAGEMENT (SAM) SYMPOSIUM, MIDWEST PODIATRY CONFERENCE, REGION THREE ANNUAL MEETING, AND THE 103RD ANNUAL OHIO FOOT AND ANKLE SCIENTIFIC SEMINAR TWO NON-CECH REGIONAL LECTURE SERIES PROGRAMS ON "ONYCHOMYCOSIS AND TINEA INFECTIONS AND "THE TREATMENT OF GOUT" WERE PROVIDED TO THE SCIENCE AND MANAGEMENT (SAM) SYMPOSIUM, NEW YORK PODIATRIC CLINICAL CONFERENCE, AND REGION THREE MEETING APMA RECEIVED AND PROCESSED MORE THAN 100 NEW APPLICATIONS FOR THE APMA SEAL OF APPROVAL/ACCEPTANCE AND MORE THAN 100 PRODUCTS WERE RENEWED FOR THE SEAL OF APPROVAL/ACCEPTANCE THE PHYSICIANS RECOVERY NETWORK (PRN) COMMITTEE WAS REACTIVATED AND PROMOTION OF THE PRN HOTLINE FOR IMPAIRED PODIATRIC PHYSICIANS, THEIR FAMILIES AND STAFF BEGAN IN APMA NEWS, AND IN THE INFOMERCIALS AT THE APMA 2018 ANNUAL SCIENTIFIC MEETING THE PRN COMMITTEE UPDATED ITS MISSION STATEMENT AND ADDED ADDITIONAL RESOURCES FOR IMPAIRED PODIATRIC PHYSICIANS, THEIR STAFF AND FAMILIES ON APMA ORG AN ARTICLE ABOUT THE PRN AND PRN HOTLINE WAS ALSO DRAFTED FOR USE IN STATE COMPONENT NEWSLETTERS THE APMA REGISTRY WAS APPROVED BY CMS AS A QUALIFIED CLINICAL DATA REGISTRY (QCDR) FOR 2018 APMA WORKED WITH DARENA SOLUTIONS TO DEPLOY THE APMA MIPS APP TO ALLOW MIPS PARTICIPATING PODIATRISTS TO SUBMIT DATA TO CMS FOR MIPS 2018 PY UPDATED APMA'S DISINFECTION GUIDELINES WELL-BEING RESOURCE WEBPAGE DEVELOPED APMA CO-MODERATED A POST-GRADUATE SESSION AT THE SOCIETY FOR VASCULAR SURGEONS VASCULAR ANNUAL MEETING, JUNE 2018 IN BOSTON, MA PRODUCED THE 2018 APMA PRACTICE SURVEY APMA BOT ADOPTED WIFI CLASSIFICATION SYSTEM PRESENTED A WEBINAR, "FOOT CARE AND COMPLICATIONS IN PERSONS WITH DIABETES" TO DIABETES EDUCATORS THROUGH THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS REPRESENTED PODIATRY IN THE ALLIANCE FOR GOUT AWARENESS THROUGH THE ALLIANCE FOR PATIENT ACCESS WORKING WITH 2019 AUDIOLOGY PROJECT ON THEIR WEBINAR SERIES TO PRESENT A PODIATRY WEBINAR (TO DISCUSS THE PPOD TOOL GUIDE) PROVIDED REDRC ACCESS TO ALL PODIATRIC MEDICAL STUDENTS SUBMITTED COMMENTS ON HEALTHY PEOPLE 2030 OBJECTIVES INCLUDING RECOMMENDATION FOR A NEW OBJECTIVE REGARDING ANNUAL CDLEE PRESENTED "FOOT SELF CARE TO AVOID COMPLICATIONS IN PERSONS WITH DIABETES" POSTER AT THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS 2019 ANNUAL MEETING IN HOUSTON, TX

Form 990, Part III, Line 4b:

COUNCIL ON PODIATRIC MEDICAL EDUCATION CONTINUED THE COMPREHENSIVE REVIEW PROCESS OF THE STANDARDS AND PROCEDURES USED TO ACCREDIT COLLEGES OF PODIATRIC MEDICINE AND WILL PUBLISH THE DOCUMENTS ONCE ADOPTED TO THE WWW CPME ORG WEBPAGE BEGAN THE COMPREHENSIVE REVIEW PROCESS OF THE CRITERIA AND GUIDELINES FOR RECOGNITION OF A SPECIALTY BOARD FOR PODIATRIC MEDICAL PRACTICE AND WILL PUBLISH THE DOCUMENTS ONCE ADOPTED TO THE WWW CPME ORG WEBPAGE BEGAN THE INTERIM REVIEW PROCESS OF THE STANDARDS AND REQUIREMENTS FOR APPROVAL OF PROVIDERS OF CONTINUING EDUCATION IN PODIATRIC MEDICINE AND WILL PUBLISH THE DOCUMENTS ONCE ADOPTED TO THE WWW CPME ORG WEBPAGE CONTINUED THE COMPREHENSIVE REVIEW AND REVISION PROCESS OF THE STANDARDS AND PROCEDURES USED TO APPROVE PODIATRIC RESIDENCY AND FELLOWSHIP PROGRAMS CONDUCTED A WORKSHOP FOR 20 NEW RESIDENCY EVALUATORS CONDUCTED APPROXIMATELY 50 RESIDENCY ON-SITE EVALUATIONS

Form 990, Part III, Line 4c:

LEGISLATIVE ADVOCACY LOBBIED CONGRESS TO RECOGNIZE DOCTORS OF PODIATRIC MEDICINE AS PHYSICIANS IN MEDICAID STATUTE WORKING TO SECURE PASSAGE OF LEGISLATION TO RECOGNIZE DPMS AS PHYSICIANS UNDER MEDICAID (THE HELLPP ACT, H R 2235)

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$	including grants of \$) (Revenue \$
	<p>HEALTH POLICY AND PRACTICE CONTINUED PARTICIPATION IN RUC AND CPT MET WITH AND SUBMITTED REGULAR COMMENTS TO CMS AND OTHER FEDERAL AND PRIVATE ENTITIES AND FORCEFULLY ADVOCATED FOR CODING, REIMBURSEMENT, AND COVERAGE POLICIES MORE FAVORABLE TO THE PODIATRIC PROFESSION EDUCATED MEMBERS ON MEDICARE PAYMENT REFORM RELATED TO MACRA AND ADVOCATED FOR EQUITABLE TREATMENT OF DOCTORS OF PODIATRIC MEDICINE IN FEDERAL AND PRIVATE HEALTH CARE DELIVERY AND PAYMENT SYSTEMS COMMUNICATED WITH PRIVATE INSURANCE ENTITIES IN ADVOCATING FOR THE PODIATRIC PROFESSION CONDUCTED CODING SEMINARS AND ADDITIONAL WEBINARS FOR APMA MEMBERS, INCLUDING PROGRAMS TARGETED TO CODING AND QUALITY PAYMENT, AS WELL AS OTHER NEEDS FACILITATED THE ANNUAL NATIONAL CAC-PIAC MEETING DEVELOPED COALITIONS AND RELATIONSHIPS WITH SIMILAR CLINICAL ASSOCIATIONS TO ADVOCATE FOR COMMON ISSUES DEVELOPED OR CONTRACTED WITH CONSULTANTS FOR DEVELOPMENT OF EDUCATIONAL AND COMPLIANCE MATERIALS FOR MEMBERS 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, AND PRIVATE INSURANCE ROUTINELY ASSIST AND ADVISE MEMBERS IN OBTAINING HOSPITAL PRIVILEGES THAT ARE COMMENSURATE WITH THEIR EDUCATION, TRAINING AND EXPERIENCE SUCH AS OBTAINING PRIVILEGES TO PERFORM HISTORY AND PHYSICALS AND ANKLE SURGICAL PRIVILEGES, AS WELL AS BEING PLACED ON EMERGENCY ROOM CALL LIST AT THEIR HOSPITAL DRAFTED ISSUES BRIEFS, FACTS SHEETS AND OTHER MATERIALS TO EDUCATE STAKEHOLDERS ON THE IMPORTANT PUBLIC POLICY ISSUES RELEVANT TO THE PRACTICE OF PODIATRIC MEDICINE THROUGH APMA CENTER FOR PROFESSIONAL ADVOCACY'S SCOPE OF PRACTICE INITIATIVES, ASSISTED STATE COMPONENT LEADERS IN SUCCESSFULLY ADVANCING SCOPE OF PRACTICE LAWS THAT ARE COMMENSURATE WITH THE EDUCATION, TRAINING, AND EXPERIENCE OF DOCTORS OF PODIATRIC MEDICINE</p>		

(Code)	(Expenses \$	including grants of \$) (Revenue \$
	<p>COMMUNICATIONS PUBLISHED SIX ISSUES OF THE AWARD-WINNING APMA NEWS MAGAZINE AND SIX ISSUES OF THE AWARD-WINNING JOURNAL OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION PUBLISHED WEEKLY ISSUES OF THE APMA WEEKLY FOCUS, A DIGITAL NEWSLETTER, AS WELL AS APMA NEWS BRIEF SECURED MEDIA PLACEMENTS IN TOP-TIER MEDIA OUTLETS RESULTING IN MORE THAN 1.6 BILLION MEDIA IMPRESSIONS FOR PODIATRIC MEDICINE CONDUCTED MULTIPLE PUBLIC EDUCATION CAMPAIGNS, TOUTING THE EDUCATION, TRAINING, AND EXPERIENCE OF TODAY'S PODIATRIST CONTINUED TO EXPAND APMA'S PRESENCE ON SOCIAL MEDIA, REACHING TENS OF THOUSANDS OF HEALTH-CARE CONSUMERS, AND SIGNIFICANTLY ENHANCED PROFESSIONAL OUTREACH, FOLLOWING, AND ENGAGEMENT ON SOCIAL MEDIA COMPLETED COMPREHENSIVE REBRANDING EFFORT, INCLUDING DEVELOPMENT OF NEW LOGOS ORGANIZATION-WIDE AND LAUNCH OF NEW RESOURCES FOR YOUNG PHYSICIANS WORKED CLOSELY WITH CAREER DEVELOPMENT MANAGER TO COMMUNICATE STRATEGIC STUDENT RECRUITMENT PLAN COMPLETED A MASSIVE MARKET RESEARCH EFFORT AND BEGAN IMPLEMENTATION OF PLAN</p>		

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

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

YOUNG PHYSICIANS' PROGRAM LAUNCHED TWO SERIES OF THE APMA PODCAST - INTRODUCTION TO CODING SERIES, AND THE YOUNG PHYSICIAN SERIES BOTH SERVE AS A VALUABLE MEMBER-EXCLUSIVE RESOURCE THAT IS AVAILABLE FOR DOWNLOAD ON THE APMA WEBSITE LAUNCHED THE APMA INFOGRAPHIC SERIES - ANOTHER MEMBER-EXCLUSIVE RESOURCE DESIGNED TO SHARE VALUABLE INFORMATION ABOUT BUYING YOUR OWN PRACTICE, PHYSICIAN BURNOUT, AND OTHER CRITICAL CAREER ELEMENTS IN A VIEWER-FRIENDLY FORMAT HELD A RECEPTION AT CRIP INTERVIEWS TO RE-INTRODUCE/REMIND STUDENTS ABOUT THE YOUNG PHYSICIANS' PROGRAM REPRESENTED APMA AND EXHIBITED AT THE AMERICAN ACADEMY OF FOOT & ANKLE OSTEOSYNTHESIS COURSE IN DALLAS, TX TO INTRODUCE/REMIND RESIDENTS ABOUT THE YOUNG PHYSICIANS' PROGRAM THE 2019 YOUNG PHYSICIANS' INSTITUTE WAS A SUCCESS WITH STRONG ATTENDANCE AND A FOCUS ON LEADERSHIP TRAINING HOSTED THE FIRST-EVER YOUNG PHYSICIAN LEADERSHIP PANEL STRATEGIC PLANNING MEETING WHERE THE GROUP DEVELOPED A MISSION, VISION, AND STRATEGIC GOALS FOR THE YOUNG PHYSICIAN PROGRAM CONTINUE TO INCREASE YOUNG PHYSICIAN PARTICIPATION IN PROGRAMMING AT THE APMA ANNUAL SCIENTIFIC MEETING - THE NATIONAL CONTINUE TO PROVIDE DEDICATED INFORMATION AND MATERIALS TO YOUNG PHYSICIANS IN THE APMA NEWS CONTINUED TO DEVELOP RESOURCES FOR THE YOUNG PHYSICIAN TRANSITION SERIES, INCLUDING THE RECENT ADDITION OF CONSOLIDATED STUDENT DEBT MANAGEMENT RESOURCES

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION	Employer identification number 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 in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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 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? 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-
1					
2					
3					
4					
5					
6					

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 on 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	7,259,061
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	319,868
b Carryover from last year	2b	
c Total	2c	319,868
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	362,953
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	-43,085

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION

Employer identification number
53-0239502

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	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 7/25/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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 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" on 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . 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" on 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	10,632,319	10,322,974	10,035,619	10,565,956	10,265,517
b Contributions	92,341	193,120	177,612	251,941	210,985
c Net investment earnings, gains, and losses	-58,989	835,276	1,100,110	-287,763	550,954
d Grants or scholarships	-523,997	-372,648	-253,103	-356,202	-261,500
e Other expenditures for facilities and programs	-247,392	-346,403	-737,264	-138,313	-200,000
f Administrative expenses					
g End of year balance	9,894,282	10,632,319	10,322,974	10,035,619	10,565,956

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 20 350 %
 - b** Permanent endowment ▶ 48 460 %
 - c** Temporarily restricted endowment ▶ 31 190 %
- The percentages on 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		3,849,395	2,956,059	893,336
c Leasehold improvements				
d Equipment		1,172,005	1,137,480	34,525
e Other		2,155,285	855,175	1,300,110
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,091,762

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PAYABLE	332,372
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	332,372

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,224,704
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,151,692
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	-1,151,692
3	Subtract line 2e from line 1	3	13,376,396
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	50,720
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	50,720
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,427,116

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,579,067
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	13,579,067
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	50,720
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	50,720
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,629,787

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0239502

Name: AMERICAN PODIATRIC MEDICAL
ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT IS MADE UP OF THE APMA EDUCATIONAL FOUNDATION STUDENT SCHOLARSHIP FUND AND THE APMA RESEARCH ENDOWMENT

Supplemental Information

Return Reference	Explanation
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, 2019 AND 2018, 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 THE ASSOCIATION HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES, FOR THE YEARS ENDED MAY 31, 2019 AND 2018 THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ASSOCIATION'S RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION

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?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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 Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHEDULE I, PART I, LINE 2 REGIONAL LECTURE SERIES GRANTS - APMA MONITORS THE GRANTS BY ACTIVELY PARTICIPATING IN THE EDUCATIONAL PROGRAMS FOR WHICH THE GRANTS ARE AWARDED

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PODIATRY SOCIETY OF THE STATE OF NY DBA FOUNDATION FOR PODIATRIC MEDIC 555 EIGHT AVE STE 1902 NEW YORK, NY 10018	06-1179217	501C(3)	20,000		FMV		REGIONAL LECTURE SERIES
MIDWEST PODIATRY CONFERENCE 745 MCCLINTOCK DR STE 340 BURR RIDGE, IL 60527	36-3032201	501C(6)	15,000		FMV		REGIONAL LECTURE SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGION THREE AMERICAN PODIATRIC MEDICAL ASSOCIATION 840 DAVISVILLE RD WARMINSTER, PA 18974	23-2082310	501C(6)	15,000		FMV		REGIONAL LECTURE SERIES
FLORIDA PODIATRIC MEDICAL ASSOCIATION INC 410 N GADSDEN STREET TALLAHASSEE, FL 32301	59-1235979	501C(6)	26,000		FMV		REGIONAL LECTURE SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN PODIATRIC MEDICAL STUDENTS 9312 OLD GEORGETOWN RD BETHESDA, MD 20814	52-1259270	501C(6)	25,000		FMV		OPERATIONAL GRANT
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND STREET POMONA, CA 91766	95-3127273	501C(3)	10,000		FMV		EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO FOOT & ANKLE MEDICAL ASSOCIATION 1960 BETHEL ROAD SUITE 140 COLUMBUS, OH 43320	23-7239698	501C(6)	6,000		FMV		REGIONAL LECTURE SERIES

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION

Employer identification number
53-0239502

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a				
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a				
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7				
<p>8 Were any amounts reported on 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</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES CHRISTINA DPM EXECUTIVE DIRECTOR AND CEO	(i)	340,101	30,300	0	24,750	25,688	420,839	0
	(ii)	0	0	0	0	0	0	0
2 JAY LEVRIO DEPUTY EXECUTIVE DIRECTOR AND COO	(i)	270,646	1,800	0	24,641	24,038	321,125	0
	(ii)	0	0	0	0	0	0	0
3 DENIS RUSSELL DEPUTY EXECUTIVE DIRECTOR AND CBO	(i)	241,944	1,800	0	22,498	25,658	291,900	0
	(ii)	0	0	0	0	0	0	0
4 HEATHER STAGLIANO COUNCIL ON PODIATRIC MEDICAL EDUCATI	(i)	164,885	2,708	0	6,945	1,251	175,789	0
	(ii)	0	0	0	0	0	0	0
5 SCOTT HAAG HPP/CPA DIRECTOR	(i)	166,181	308	0	15,488	15,806	197,783	0
	(ii)	0	0	0	0	0	0	0
6 DYANE TOWER CLINICAL AFFAIRS DIRECTOR	(i)	154,662	3,308	0	14,328	16,592	188,890	0
	(ii)	0	0	0	0	0	0	0
7 BENJAMIN WALLNER LEGISLATIVE ADVOCACY & APMAPAC DIREC	(i)	129,505	5,331	0	12,172	16,409	163,417	0
	(ii)	0	0	0	0	0	0	0
8 MARY BETH SHAUB MEMBERSHIP SERVICE DIRECTO	(i)	128,989	331	0	12,012	19,012	160,344	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 1A	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.



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization
AMERICAN PODIATRIC MEDICAL
ASSOCIATION

Employer identification number

53-0239502

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TWO BOARD OF TRUSTEE MEMBERS ARE PARTNERS IN A COMPANY IN WHICH THEY EACH HAVE A GREATER THAN 10% OWNERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	BYLAWS SEPARATED DISABLED FROM NON-PRACTICING MEMBER CATEGORY RECONFIGURED LIFE, DISABLED , AND NON-PRACTICING MEMBER PRIVILEGES, PARTICULARLY IN RELATION TO LIFE AND DISABLED MEMBERS BEING ELIGIBLE TO SERVE IN HOD ADDED NON-ASCENDING BOT POSITION EMPOWERED HOD TO APPROVE BUDGETARY EXPENDITURES PRIOR TO FINAL AUTHORIZATION BY BOT EMPOWERED HOD TO ELECT YOUNG PHYSICIAN REPRESENTATIVE TO BOT WITH BOT TASKED TO IDENTIFY QUALIFIED CANDIDATES FURTHER DEFINED "GOOD STANDING" VIS--VIS A MEMBER'S DUES PAYMENT STATUS EXPANDED LANGUAGE TO ALLOW MEMBERS TO HAVE ACCESS TO SERVICES IN MORE THAN ONE COMPONENT SOCIETY VIA A COLLEGIAL NON-MEMBERSHIP ARRANGEMENT ADDED TO THE LIST OF BOT DUTIES THE ARRANGING OF EDUCATIONAL SESSIONS EXTENDED LENGTH OF TIME FOR TERM LIMITATIONS FOR THE 7 AT-LARGE POSITIONS FROM 6 TO 7 YEARS TO ENABLE ALL BOT MEMBERS TO ASCEND TO OFFICER POSITIONS ADDED THE POLICY REVIEW COMMITTEE AND AFFILIATE REVIEW COMMITTEE AND THEIR RESPECTIVE RESPONSIBILITIES TO THE LIST OF APMA STANDING COMMITTEES ADMINISTRATIVE PROCEDURES ESTABLISHED UNIFIED APPLICATION PROCESS FOR NEW MEMBERS STREAMLINED DUES PAYMENT CATEGORIES FOR ASSOCIATE AND FEDERAL SERVICE MEMBERS CODIFIED COMPLIMENTARY DUES RATE FOR POSTGRADUATE MEMBERS REDUCED REPORTING RESPONSIBILITIES FOR AFFILIATE AND RELATED ORGANIZATIONS CODIFIED NON-SOLICITATION POLICY FOR BOT MEMBERS RELOCATED HOD PROCEDURAL ITEMS TO NEW HOD OPERATIONS MANUAL HOD OPERATIONS MANUAL CONSOLIDATED ALL HOD PROCEDURES IN ONE DOCUMENT INCREASED APMSA REPRESENTATION IN HOD ESTABLISHED 15-YEAR TERM LIMIT FOR DELEGATES REDEFINED RESOLUTION PROCESS BY ESTABLISHING EXPANDED POLICY CREATION/REVIEW PROCESS AND BUDGETARY ACTION ITEM RESOLUTION PROCESS CODIFIED DECLARATION OF CANDIDACY PROCEDURE

990 Schedule O, Supplemental Information

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 SELECTED 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

990 Schedule O, Supplemental Information

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 SELECTED 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TREASURER, EXECUTIVE DIRECTOR, AND THE DEPUTY EXECUTIVE DIRECTOR/CBO REVIEW THE FORM 990 IN DETAIL THE FORM 990 IS THEN MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR REVIEW THE FORM 990 IS THEN FILED WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 2015 THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES NEGOTIATED THE CONTRACT WITH THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE RETAINED A CONSULTANT TO ASSIST IN THE RESEARCH AND DELIBERATIONS COMPARABILITY DATA WAS UTILIZED CONTRACT IS REVIEWED YEARLY 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICE 1,587,995 OTHER PROFESSIONAL FEES 96,859

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE IN OVERSIGHT PROCESS OF AUDIT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PODIATRIC MEDICAL
ASSOCIATION

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 (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" 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 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 PODIATRIC MEDICAL ASSOCIATION		No
(2) APMA POLITICAL ACTION COMMITTEE 9312 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-1005385	POLITICAL ACTION COMMITTEE ACTIVITIES	MD	527		AMERICAN PODIATRIC 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

		Yes	No
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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) APMA EDUCATIONAL FOUNDATION	O	90,000	FMV
(2) APMA POLITICAL ACTION COMMITTEE	O	95,000	FMV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation