

990
Form
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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
Open to Public Inspection

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization AMERICAN PODIATRIC MEDICAL ASSOCIATION</p> <p>Doing business as</p> <hr/> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9312 OLD GEORGETOWN ROAD</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 208141621</p>	<p>D Employer identification number 53-0239502</p> <hr/> <p>E Telephone number (301) 581-9200</p> <hr/> <p>G Gross receipts \$ 14,824,668</p>
<p>F Name and address of principal officer: JAMES CHRISTINA DPM 9312 OLD GEORGETOWN ROAD BETHESDA, MD 208141621</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ WWW.APMA.ORG</p>		

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1912

M State of legal domicile: MD

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	64
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	277,423
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-92,130

		Prior Year	Current Year
Revenue	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
Expenses	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) ▶		
	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	
Net Assets or Fund Balances		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 CHRISTOPHER A ANDRACSEK CPA	Preparer's signature CHRISTOPHER A ANDRACSEK CPA	Date 2020-01-21	Check <input type="checkbox"/> 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	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$)
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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
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.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
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).

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

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

(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.

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grant reporting, tax-exempt bond issues, and controlled entities.

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

Form with multiple sections (1a-11b) containing questions and corresponding Yes/No/Amount columns. Includes questions about Form 1096, Forms W-2G, employee reporting, foreign accounts, and tax shelter transactions.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. 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	

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

Form section A containing lines 1a through 9 with columns for Yes/No and numerical input fields.

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

Form section B containing lines 10a through 16b with columns for Yes/No and text input fields.

Section C. Disclosure

Form section C containing lines 17 through 20 with text input fields and checkboxes.

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 VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 215,501				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,321,038			
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

Table with columns for (A) Beginning of year and (B) End of year. Rows include Assets (1-16) and Liabilities (17-26), and Net Assets or Fund Balances (27-34). Values range from 2,833,922 to 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,	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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		

[Redacted]

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:	2a		No
--	-----------	--	----

[Redacted]

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:	2b	Yes	
---	-----------	-----	--

[Redacted]

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.	2c	Yes	
---	-----------	-----	--

[Redacted]

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
--	-----------	--	----

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
--	-----------	--	--

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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.

Table with 2 columns: Name of the organization (AMERICAN PODIATRIC MEDICAL ASSOCIATION) and Employer identification number (53-0239502)

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

Table with 2 columns: Description (Political expenditures, Volunteer hours) and Amount (\$)

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

Table with 2 columns: Description (Excise tax, 4955 tax, Correction) and Amount (\$). Includes Yes/No checkboxes.

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

Table with 2 columns: Description (Exempt function activities, Form 1120-POL) and Amount (\$). Includes Yes/No checkboxes.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received.

Empty table structure for reporting political contributions.

Additional Data

Return to Form

Software ID:
Software Version:

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and questions about donor informed status.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes like preservation of land, habitat, and open space. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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

- 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" to 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 XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to 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' to 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
PART V, LINE 4:	THE ENDOWMENT IS MADE UP OF THE APMA EDUCATIONAL FOUNDATION STUDENT SCHOLARSHIP FUND AND THE APMA RESEARCH ENDOWMENT.
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.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule I (Form 990)
 Department of the Treasury
 Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
 Open to Public Inspection

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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

(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
(1) 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
(2) MIDWEST PODIATRY CONFERENCE 745 MCCLINTOCK DR STE 340 BURR RIDGE, IL 60527	36-3032201	501C(6)	15,000		FMV		REGIONAL LECTURE SERIES
(3) REGION THREE AMERICAN PODIATRIC MEDICAL ASSOCIATION 840 DAVISVILLE RD WARMINSTER, PA 18974	23-2082310	501C(6)	15,000		FMV		REGIONAL LECTURE SERIES
(4) FLORIDA PODIATRIC MEDICAL ASSOCIATION INC 410 N GADSDEN STREET TALLAHASSEE, FL 32301	59-1235979	501C(6)	26,000		FMV		REGIONAL LECTURE SERIES
(5) AMERICAN PODIATRIC MEDICAL STUDENTS 9312 OLD GEORGETOWN RD BETHESDA, MD 20814	52-1259270	501C(6)	25,000		FMV		OPERATIONAL GRANT
(6) WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND STREET POMONA, CA 91766	95-3127273	501C(3)	10,000		FMV		EDUCATIONAL GRANT
(7) OHIO FOOT & ANKLE MEDICAL ASSOCIATION 1960 BETHEL ROAD SUITE 140 COLUMBUS, OH 43320	23-7239698	501C(6)	6,000		FMV		REGIONAL LECTURE SERIES
(7)							
(8)							
(9)							
(10)							
(11)							
(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" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

[Return to Form](#)

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
Attach to Form 990.

2018

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Department of the Treasury Internal Revenue Service

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN PODIATRIC MEDICAL ASSOCIATION

Employer identification number

53-0239502

Part I Questions Regarding Compensation

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
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.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in 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.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PODIATRIC MEDICAL ASSOCIATION

Employer identification number

53-0239502

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.
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
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.
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.
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.
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.
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.
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.
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE UPON REQUEST. SOME OF THE INFORMATION IS AVAILABLE ON THE PUBLIC WEBSITE.
FORM 990, PART IX, LINE 11G	CONSULTING SERVICE 1,587,995. OTHER PROFESSIONAL FEES 96,859.
FORM 990, PART XII, LINE 2C:	NO CHANGE IN OVERSIGHT PROCESS OF AUDIT.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of 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**

Schedule R (Form 990) 2018

Additional Data**Return to Form****Software ID:****Software Version:**