

Form 990

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11400 TOMAHAWK CREEK PARKWAY, SUITE 430 430 City or town, state or country, and ZIP + 4 LEAWOOD, KS 66211 EXTENSION ATTACHED	D Employer identification number 44-6013671
		E Telephone number (913) 906-6000
F Name and address of principal officer:		G Gross receipts \$ 11,035,721.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.AAFPFOUNDATION.ORG		H(c) Group exemption number ▶
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1958 M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION ADVANCES THE VALUE OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL, AND SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	169
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,843,390.	9,800,673.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	963,460.	384,775.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-119,735.	15,522.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,687,115.	10,200,970.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,293,531.	6,200,034.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	17,775.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 725,279.		0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,321,343.	3,548,982.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,614,874.	9,766,791.
	19 Revenue less expenses. Subtract line 18 from line 12	72,241.	434,179.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	11,998,385.	14,430,316.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,526,856.	2,258,904.
		9,471,529.	12,171,412.

Part II Signature Block

Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Type or print name and title			
	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00646998
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HOUSE PARK & DOBRATZ, P.C. 605 W. 47TH STREET, SUITE 301 KANSAS CITY, MO 64112		EIN ▶ 43-1562209	Phone no. ▶ 816-931-3393	
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION ADVANCES THE
VALUES OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL, AND
SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,088,424. including grants of \$ 3,347,070.) (Revenue \$)
PHILANTHROPIC ENDEAVORS TO ENHANCE HEALTHCARE QUALITY, STIMULATING
RESEARCH PROGRAMS, BRING TOGETHER FAMILY MEDICINE ORGANIZATIONS,
SPONSOR EDUCATIONAL SEMINARS AND TEACHER DEVELOPMENT AWARDS.

4b (Code:) (Expenses \$ 142,447. including grants of \$) (Revenue \$)
HISTORY FOR THE CENTER OF FAMILY MEDICINE - SEE ATTACHED
STATEMENT.

4c (Code:) (Expenses \$ 4,444,869. including grants of \$ 2,852,964.) (Revenue \$)
PEERS FOR PROGRESS EVALUATES, DEMONSTRATES AND PROMOTES PEER
SUPPORT FOR DIABETES MANAGEMENT AROUND THE WORLD.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► 8,675,740.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		X
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	X	
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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>	X	
24 a	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 question 25.</i>		X
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?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
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>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
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>	X	
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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	35
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	0
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 this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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	X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
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	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
a Enter the number of voting members of the governing body	1a	18
1b Enter the number of voting members that are independent	1b	17
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body?		
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	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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	N/A
a The organization's CEO, Executive Director, or top management official	15b	N/A
b Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 6**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE LEVINSON 10400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 913-906-6000**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARK H. BELFER, D.O. PRESIDENT	1.00	X		X				4,050.	900.	0.
RICHARD G. ROBERTS, M.D. VICE PRESIDENT	1.00	X		X				3,825.	900.	0.
MARY JO WELKER, M.D. TREASURER AND AT-LARGE	1.00	X		X				2,400.	600.	0.
CRAIG M. DOANE EXECUTIVE DIRECTOR - NONVOTING	40.00	X		X				0.	183,304.	59,631.
JEFFREY J. CAIN, M.D. BOARD MEMBER	1.00	X						0.	1,999.	0.
GLEN R. STREAM, M.D. BOARD MEMBER	1.00	X						0.	4,635.	0.
DENIS E. CHAGNON, M.D. BOARD MEMBER	1.00	X						1,200.	600.	0.
MICHAEL FLEMING, M.D. BOARD MEMBER	1.00	X						150.	300.	0.
RONALD E. CHRISTENSEN, M.D. BOARD MEMBER	1.00	X						450.	600.	0.
CANDACE S. HOWELL, MPH BOARD MEMBER	1.00	X						0.	0.	0.
KATHLEEN L. WISHNER, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
JEFF G. HIMMELBERG BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH P. MORITSUGU, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
JANE A. WEIDA (CORSON), M.D. BOARD MEMBER	1.00	X						1,650.	0.	0.
LINDA STONE, M.D. BOARD MEMBER	1.00	X						750.	0.	0.
ROBERT C.M. BOURNE, M.D. BOARD MEMBER	1.00	X						1,050.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JASON E. MARKER, M.D. BOARD MEMBER	1.00	X						1,050.	0.	0.
MICHAEL A. OLLER, II, M.D. BOARD MEMBER	1.00	X						1,200.	0.	0.
DOUGLAS HENLEY, M.D. BOARD MEMBER	40.00	X						0.	468,068.	108,834.
1b Total								17,775.	661,906.	168,465.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

44-6013671

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	38,082.			
	d	Related organizations	1d	367,962.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	9,394,629.			
	g	Noncash contributions included in lines 1a-1f: \$		38,082.			
	h	Total. Add lines 1a-1f		9,800,673.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 7		1,109,244.			1,109,244.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses 724,469.					
	c	Gain or (loss) -724,469.					
	d	Net gain or (loss)		-724,469.			
	8a	Gross income from fundraising events (not including \$ 38,082. of contributions reported on line 1c). See Part IV, line 18 a 73,553.					
	b	Less: direct expenses b 110,282.					
	c	Net income or (loss) from fundraising events ATCH. 9		-36,729.			
	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		0.			
	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		0.				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		900099	52,251.	52,251.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			52,251.			
12	Total Revenue. See instructions			10,200,970.	52,251.	1,109,244.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	4,935,566.	4,935,566.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,000.	37,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,227,468.	1,227,468.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	17,775.	2,900.	10,025.	4,850.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,225.	985.	240.	
c Accounting	12,578.		12,578.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,702,851.	1,989,500.	268,851.	444,500.
12 Advertising and promotion	31,488.	27,188.		4,300.
13 Office expenses	0.			
14 Information technology	104,909.	82,035.	60.	22,814.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	126,481.	61,036.	42,800.	22,645.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	344,821.	251,927.	7,668.	85,226.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	9,824.	818.	3,328.	5,678.
23 Insurance	8,763.		8,763.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>STAFF DEVELOPMENT AND EDUCAT</u>	2,320.	2,285.		35.
b <u>ANNUAL REPORT</u>	7,069.	3,535.		3,534.
c <u>ART & PRINTING</u>	11,394.	7,479.	1,296.	2,619.
d <u>BULLETIN</u>	75,109.	24,786.		50,323.
e <u>BANK CHARGES</u>	12,478.	265.		12,213.
f All other expenses	97,672.	20,967.	10,163.	66,542.
25 Total functional expenses. Add lines 1 through 24f	9,766,791.	8,675,740.	365,772.	725,279.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	73,340.	1	177,073.
	2 Savings and temporary cash investments	2,927,577.	2	3,449,806.
	3 Pledges and grants receivable, net	29,096.	3	33,715.
	4 Accounts receivable, net	93,014.	4	93,555.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,353.	9	23,047.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 259,214.		
	b Less: accumulated depreciation	10b 191,928.	10c	67,286.
	11 Investments - publicly traded securities	6,663,385.	11	8,596,882.
	12 Investments - other securities. See Part IV, line 11	2,181,008.	12	1,988,952.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,998,385.	16	14,430,316.	
Liabilities	17 Accounts payable and accrued expenses	814,868.	17	1,604,541.
	18 Grants payable	213,180.	18	299,116.
	19 Deferred revenue	1,498,808.	19	355,247.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,526,856.	26	2,258,904.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,269,269.	27	9,530,950.
	28 Temporarily restricted net assets	1,029,209.	28	1,366,306.
	29 Permanently restricted net assets	1,173,051.	29	1,274,156.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,471,529.	33	12,171,412.
	34 Total liabilities and net assets/fund balances	11,998,385.	34	14,430,316.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1									
Total									2,982,560.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
		ORGANIZATION	YES	NO	YES	NO	YES	NO	
AMERICAN ACADEMY OF FAMILY PHYSICIANS	44-0536051 09		X		X		X		2,982,560.
TOTAL AMOUNT OF SUPPORT									<u>2,982,560.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT**Employer identification number
44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 455,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 795,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 153,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 10,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 1,200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 45,350.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 20,050.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 4,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 3,538,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 10,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 99,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 103,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 3,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 8,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 270,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 17,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 5,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 2,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 1,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 10,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 2,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
64	CLOTHING AND HOUSEHOLD, JEWELRY, TOYS	\$ 2,647.	
65	ARTS - WORKS OF ART, TOYS CLOTHING AND HOUSEHOLD	\$ 1,497.	
67	ARTS - WORK OF ART, CLOTHING & HOUSEHOLD COLLECTIBLES, FOOD	\$ 2,580.	
		\$	
		\$	
		\$	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06	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, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if 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	7,039,383.	9,468,568.			
b Contributions	91,127.	158,070.			
c Net investment earnings, gains, and losses	1,449,284.	-2,518,390.			
d Grants or scholarships					
e Other expenditures for facilities and programs	40,017.	68,865.			
f Administrative expenses					
g End of year balance	8,539,777.	7,039,383.			

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

- a Board designated or quasi-endowment ► 87.0000 %
 b Permanent endowment ► 13.0000 %
 c Term endowment ► %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	0.	259,214.	191,928.	67,286.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				67,286.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives	753,913.	ATTACHMENT 2
Closely-held equity interests	1,235,039.	ATTACHMENT 3
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,988,952.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,200,970.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,766,791.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	434,179.
4	Net unrealized gains (losses) on investments	4	2,139,170.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,139,170.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,573,349.

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

1	Total revenue, gains, and other support per audited financial statements	1	12,412,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,139,170.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,139,170.
3	Subtract line 2e from line 1	3	10,273,170.
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	
b	Other (Describe in Part XIV.)	4b	-72,200.
c	Add lines 4a and 4b	4c	-72,200.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,200,970.

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

1	Total expenses and losses per audited financial statements	1	9,838,991.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	72,200.
e	Add lines 2a through 2d	2e	72,200.
3	Subtract line 2e from line 1	3	9,766,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,766,791.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF FINANCIAL STATEMENTS TO 990

SCHEDULE D PART XII LINE 4B AND PART XIII LINE 4B

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE FOR 990, INCLUDED IN
EXPENSES FOR FINANCIAL REPORTING PURPOSES - \$72,200

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D PART V LINE 4

MEDICAL RESEARCH BENEFITTING FAMILY PRACTICE THROUGH THE ROBERT GRAHAM
CENTER.

SUPPORT OF FAMILY PRACTICE MEDICAL RESIDENTS THROUGH SCHOLARSHIPS, GRANT
FUNDING AND OTHER.

GRANTS TO SUPPORT RESEARCH THAT IMPACTS FAMILY PHYSICIAN PATIENT CARE.

SUPPORT OF THE CENTER FOR THE HISTORY OF FAMILY MEDICINE. SEE

DESCRIPTION IN PART III OF FORM 990.

SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

ATTACHMENT 2

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
ALTERNATIVE INVESTMENTS	753,913.	FMV
TOTALS	<u>753,913.</u>	

SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

ATTACHMENT 3

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN AAFP INS SVCS	1,235,039.	COST
TOTALS	<u>1,235,039.</u>	

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC			GRANTMAKING		667,749.
EUROPE			GRANTMAKING		433,107.
SUB-SAHARAN AFRICA			GRANTMAKING		180,000.
SOUTH AMERICA			GRANTMAKING		90,000.
Totals					1,370,856.

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

Schedule F (Form 990) 2009

Part IV**Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

MONITORING THE USE OF GRANTS OUTSIDE THE US

SCHEDULE F, PART 1, LINE 2

SEE ATTACHED STATEMENT.

American Academy of Family Physicians Foundation
EIN 44-6013671
2009 Form 990
Monitoring the use of grants outside the US
Schedule F, Part 1, Line 2

Peers for Progress – is a program that addresses the global diabetes epidemic. In support of these goals, research grants are awarded. Peers for Progress (PFP) requires each of its grantees to provide progress and financial reports every six months in order to receive the next funding installment.

Reports are reviewed and approved by the Foundation's PFP staff. The progress report summarizes all research activity conducted by the grantee for that time period. The financial report details, by category, financial expenditures incurred by the grantee team during that same period.

(Form 990 or 990-EZ)

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Employer identification number

44-6013671

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
		AUCTION (event type)	(event type)	0 (total number)	
Revenue	1 Gross receipts	111,635.			111,635.
	2 Less: Charitable contributions	38,082.			38,082.
	3 Gross income (line 1 minus line 2)	73,553.			73,553.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	110,282.			110,282.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(110,282.)
	11 Net income summary. Combine line 3, column (d), and line 10				-36,729.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► _____		
	Address ► _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ►\$ _____ and the amount of gaming revenue retained by the third party ►\$ _____		
c	If "Yes," enter name and address of the third party:		
	Name ► _____		
	Address ► _____		
16	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ►\$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Part I	General Information on Grants and Assistance
---------------	---

Employer identification number

44-6013671

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(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
	SEE ATTACHED DETAIL							

4,935,567.

SEE ATTACHED DETAIL.

2	Enter total number of section 501(c)(3) and government organizations▲	26
3	Enter total number of other organizations▲	19

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

Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESIDENT RESEARCH GRANTS	2	5,500.			
WYETH IMMUNIZATION PROJECT TRAVEL SCHOLARSHIPS	1	1,000.			
SCIENTIFIC ASSEMBLY FELLOWSHIP AWARDS	11	11,000.			
TEACHER DEVELOPMENT AWARDS	13	19,500.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I PART I LINE 2

SEE ATTACHED INFORMATION FOR EACH OF THE VARIOUS GRANT AND ASSISTANCE

PROGRAMS OF THE FOUNDATION.

American Academy of Family Physicians Foundation
 EIN - 446013671
 2009 Form 990
 Schedule I Part II
 Grants and other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government		(c) IRC		(d) Amount of cash grant	(h) Purpose of grant or assistance
		(b) EIN	Section if applicable		
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	75,000	Tar Wars Core Support
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	144,900	Peers for Progress Diabetes Support
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	10,463	NRN "practicality of Screening for and Diagnosis of Early Cognitive Impairment in Primary Care"
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	37,500	Robert Graham Center's Research
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	50,000	AIM Core Support
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	37,500	AAFP's familydoctor.org Spanish Language Translation
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	571,475	Support for "Improving Health Outcomes for American's Seniors"
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	25,000	Support of the Center of International Health
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	75,000	Family Medicine Interest Group Funding
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	85,713	Metlife F is for Fitness Book Reprints - AIM
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	103,246	"Engaging the Large Business and Provider Voice in Support of System Change and Health Reform"
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	780,388	NRN "the Impact of Primary Care Counseling and Novel Physiological Measures on Patient Physical and Emotional Health"
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	50,000	2009 Award for Graduate Education
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	145,000	Metlife Family Fitness/Childhood Obesity
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	75,000	National Conference Scholarships
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	571,475	Support for "Improving Health Outcomes for American's Seniors"
American Academy of Family Physicians	11400 Tomahawk Creek Parkway, Leawood, KS 66209	44-0536051	501(c)(6)	144,900	Peers for Progress Diabetes Support
Virginia Commonwealth University	800 E. Leigh St., Suite 113, Richmond, VA 23298	54-6001758	501(c)(3)	60,815	Grant Generating Project

American Academy of Family Physicians Foundation
 EIN - 446013671
 2009 Form 990
 Schedule I Part II
 Grants and other Assistance to Government and Organizations in the United States

I (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
Annals of Family Medicine 11400 Tomahawk Creek Parkway, Leawood, KS 66209	01-0576305	501(c)(3)	20,000	Support for the Annals of Family Medicine
Heart to Heart International 401 S. Clairborne, Suite 300, Olathe, KS 66062	48-1108359	501(c)(3)	11,880	Replace heating system and buy bed linens for Chuy Boarding School in Adra- Kyrgyzstan
Heart to Heart International 401 S. Clairborne, Suite 300, Olathe, KS 66062	48-1108359	501(c)(3)	4,362	hearing aids and Redcat hearing aid system for Special School # 21 in Adra- Kyrgyzstan
Pfizer Visiting Professorship San Joaquin General Hospital 500 W Hospital Rd, French Camp, CA 95231	94-6000531	Governmental	7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
Wellspan Health Family Medicine Residency 1001 South George Street, York, PA 17405	22-2517863	501(c)(3)	7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
Wilkes-Barre Academic Medicine, LLC 2 Sharpe Street, Kingston, PA 18704	26-3632685		7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
University of South Alabama Dept of Family Medicine 1504 Sprnguil Ave., Mobile, AL 36604	63-0819233	501(c)(3)	7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
University of Mississippi Medical Center Dept of Family Medicine, Jackson, MS 39216	64-6008520	501(c)(3)	7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
Sonoma County Academic Fnd for Excellence in Medicine 3324 Chanate Rd, Santa Rosa, CA 95404	68-0136430	501(c)(3)	7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.
Baumer Medical Inc. for VPP at Headquarters Air Armament Center Family Medicine Residency 910 Houston St., # 701, Fort Worth, TX 76102	95-3511513		7,500	These grants create opportunities for selected institutions to invite a distinguished expert for 3 days of teaching and professional exchange with residents, students, faculty, research fellows, physicians, community members, and others at the host institution.

American Academy of Family Physicians Foundation
 EIN - 446013671
 2009 Form 990
 Schedule I Part II
 Grants and other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
Wyeth Immunization Awards				
Highland Hospital of Rochester/Family Medicine	1000 Soth Avenue, Rochester, NY 14620	16-0743037 501(c)(3)	13,000.00	Wyeth Immunization Awards Program
Scottsdale Healthcare	7400 E Osborn Rd, Scottsdale, AZ 85251	74-2355411 nonprofit hospital	11,000.00	Wyeth Immunization Awards Program
Family Medicine Residency of Idaho	777 N Raymond St., Boise, ID 83704	20-5934739 501(c)(3)	11,000.00	Wyeth Immunization Awards Program
MidMichigan Medical Center - Midland	4005 Orchard Drive, Midland, MI 48670	38-0833014 501(c)(3)	11,000.00	Wyeth Immunization Awards Program
San Joaquin County/San Joaquin General Hospital	500 W Hospital Rd, French Camp, CA 95231	94-6000531 Governmental	11,000.00	Wyeth Immunization Awards Program
Western Reserve Care System	345 Oak Hill Ave, Youngstown, OH 44501	34-1454933 501(c)(3)	13,000.00	Wyeth Immunization Awards Program
New York Presbyterian Hospital	525 E 68th St, New York, NY 10065	13-3957095 501(c)(3)	11,000.00	Wyeth Immunization Awards Program
Medical Center of Central Georgia	691 Cherry St, Ste 400, Macon, GA 31201	58-2149128 501(c)(3)	6,000.00	Wyeth Immunization Awards Program
St. Vincent Mercy Medical Center	2213 Cherry St, Toledo, OH 43806	34-4428250 501(c)(3)	6,000.00	Wyeth Immunization Awards Program
Salina Health Education Foundation	651 E Prescott, Salina, KS 67401	48-0858197 501(c)(3)	13,000.00	Wyeth Immunization Awards Program
Externships and FMPC Awards				
The Foundation of the Georgia AFP	3760 LaVista Rd., Ste 100, Tucker, GA 30084	58-6212478 501(c)(3)	7,500	FMPC Awards
California AFP	1520 Pacific Ave, San Francisco, CA 94109	94-149565 501(c)(6)	5,000	FMPC Awards
Family Health Foundation of Illinois, Inc.	4756 Main Street, Lisle, IL 60532	36-3453953 501(c)(3)	8,750	FMPC Awards and Externship Award
Minnesota AFP Foundation	600 Highway 169 South, Suite 1680, St. Louis Park, MN 55426	36-3611238 501(c)(3)	14,500	FMPC Awards and Externship Awards
MS Academy of Family Physicians	133 Executive Drive, Suite E., Madison, MS 39110	64-6025386 501(c)(6)	5,000	FMPC Awards
New Jersey AFP	224 West State Street, Trenton, NJ 08608	22-6063156 501(c)(6)	7,000	FMPC Awards
Oregon AFP	809 N. Russell Street, #204, Portland, OR 97213	93-0423900 501(c)(6)	15,250	FMPC Awards and Externship Award

American Academy of Family Physicians Foundation
 EIN - 446013671
 2009 Form 990
 Schedule I Part II
 Grants and other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(c) IRC			(h) Purpose of grant or assistance
	(b) EIN	Section if applicable	(d) Amount of cash grant	
Pennsylvania AFP Foundation	23-2340801	501(c)(3)	17,000 FMPC Awards	
Texas AFP	74-1109411	501(c)(6)	7,500 FMPC Awards	
West Virginia AFP	55-0419533	501(c)(6)	6,750 FMPC Awards and Externship Award	
Wisconsin AFP Foundation	93-0831288	501(c)(3)	6,250 FMPC Awards and Externship Award	
Joint Grant Awards Program (JGAP)				
Univ. of Oklahoma Health Science Ctr	73-6017987	Public University	29,938	Epidemiology and Management of Poison Ivy in Primary Care
Henry Ford Health System	38-1357020	501(c)(3)	28,238	Narrative Medicine, Diagnosis, and Uncertainty: Windows into the Social Practice of Healing
Maine Medical Center	01-0238552	501(c)(3)	28,563	Geographic Factors Affecting Prescription Opioid Substitution Therapy Among Rural Maine's Primary Care Patients
Olmsted Medical Center	41-0855367	501(c)(3)	22,150	Translating Research into Practice for PPD in Uninsured People
University of NC at Chapel Hill Dept of Family Med.	56-6001393	501(c)(3)	29,125	Oral Trauma in Infant Victims of Abusive Head Trauma
Research Stimulation Grants				
Univ of MD Baltimore School of Medicine	52-6002033	Public University	7,500	Psychosocial Factors Associated with Contraceptive Motivations, Intentions, and Behaviors Among Latinas
Florida State Univ Research Fdn, Inc.	59-3211153	501(c)(3)	6,075	Bridge Student Success: The Student's Perspective
Research Fnd of SUNY on Behalf of University of Buffalo	14-1368361	501(c)(3)	7,500	The Impact/Effects of an On-site Primary Care Skin Specialist in a Primary Care Setting
Peers for Progress Domestic Grants				
San Diego State University Research Foundation	95-6042721	Public University	288,150	Peer Support Research in Diabetes
University of California at San Francisco, Dept of Family & Community Medicine	93-6036493	Public University	287,946	Peer Support Research in Diabetes

American Academy of Family Physicians Foundation
 EIN - 446013671
 2009 Form 990
 Schedule I Part II

Grants and other Assistance to Government and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
University of Alabama at Birmingham 1530 3rd Ave South, AB-1170, Birmingham, AL 35294	63-600396	Public	289,800	Peer Support Research in Diabetes
University of Michigan Medical School 2044 Wolverine Tower, 3033 S. State St., Ann Arbor, MI 49109	38-6006309	Public	289,800	Peer Support Research in Diabetes
University of Wisconsin-Madison School of Nursing 21 N. Park St., Suite 6401, Madison, WI 53715	39-6006492	Public	90,000	Peer Support Research in Diabetes
UCLA 11000 Kinross Ave, Suite 102, Los Angeles, CA 90095	95-6006143	Public	90,000	Peer Support Research in Diabetes
Other grants under \$5,000				102,165
Total Domestic Grants				4,935,567

Procedures for Monitoring the Use of Grant Funds

The Foundation administers several grant and award programs to achieve its goals. Based on the type of program, the procedures may vary slightly as follows:

Board-Approved and Fiscal Sponsor Grants – primarily provides support for AAFP programs. A Letter of Agreement (LOA) is created between the grantee and the Foundation to set forth the terms and conditions for receipt of grant funds. A fully executed LOA is required before any funds are disbursed and one or more financial and progress reports (depending on length of program) are required for disbursement of funds. The Foundation's Grant Manager reviews the report for compliance with reporting requirements as stated in the LOA, and in accordance with guidelines regulating non-profit agencies.

Student Externship Matching Grants – are available only to AAFP Constituent Chapters and Chapter Foundations. Matching grants are used to stimulate interest among medical students to pursue a career in Family Medicine. Constituent chapters/chapter foundations submit a Letter of Intent including proof of matching funds to support clinical and/or research medical student externships in their state. Matching grants are awarded in February and disbursement of the funds to chapters/chapter foundations is contingent upon submission of a Disbursement of Funds request, which verifies the externship activities. The completed Disbursement of Funds request is reviewed and approved by the Program Manager and all funds are distributed prior to December 31 of each year.

AAFP Foundation Wyeth Immunization Awards – is a competitive award program available only to Family Medicine residency programs achieving high or improved immunization rates or implementing a system to improve childhood immunization rates in medically underserved areas. A slate of award recipients is determined by an 8-member Immunization Awards Committee, which reviews and scores all applications. The slate receives final approval by AAFP Foundation Board of Trustees. Disbursement of the monetary award is made upon announcement of the awards.

Pfizer Teacher Development Awards – is a competitive award program available only to new, community-based family physicians (graduates from an ACGME-approved family medicine residency program within the past six years) that are part-time teachers of family medicine. A slate of award recipients is determined by the 4-member Teacher Development Subcommittee of the Board of Trustees and approved by the AAFP Board. Disbursement of the monetary award, which is to be used to attend a skill-building workshop of choice and to help host a recognition ceremony, is made as requested by the recipient and the recipient's teaching center.

Family Medicine Philanthropic Consortium (FMPC) Grant Awards – provide for grants to AAFP Constituent Chapters and Chapter Foundations. Applications are received and reviewed by the FMPC Review Committee which is made up of the FMPC Steering Committee. Each application is reviewed and scored by four Reviewers, with at least one physician Reviewer. Special care is taken that no conflict of interest exists with any of the reviewers. Once final approval is received from the FMPC, it must be approved by the Foundation's Board of Trustees. A FMPC Grant Award Agreement is created and signed by all parties. An interim report detailing progress toward outcomes and budget is required in August of the year funded. A final report summarizing program implementation and final budget is due in March of the following year. The Foundation's Program Manager reviews all reports and financial submission. Any extension of the grant period requires a written request no later than 30 days prior to the grant period end date. Any amounts unspent must be repaid to the Foundation.

Research Grant Awards – includes Joint Grant Awards Program (JGAP), Resident Research Grant Awards, Research Stimulation, and Practice-Based Research Network (PBRN) Stimulation Grants. These grants are awarded to family practice physicians, Family Medicine organizations or associations, Departments of Family Medicine, or health care institutions in support of research of value to the practicing family physician. Applications with a detailed budget are received and reviewed by the AAFP Foundation Research Committee (RC). Final approval is given by the Foundation's Board of Trustees. Once approved, Foundation's Program Administrator will review submission of written reports received at the midpoint and upon completion of the project. Ninety percent of the award will be paid periodically if timeline is over six months. The remaining ten percent will be distributed upon review of final financial and progress reports. If funds have not all been used, they must be returned to the Foundation.

Peers for Progress – is a program that addresses the global diabetes epidemic. In support of these goals, research grants are awarded. Peers for Progress (PFP) requires each of its grantees to provide progress and financial reports every six months in order to receive the next funding installment. Reports are reviewed and approved by the Foundation's PFP staff. The progress report summarizes all research activity conducted by the grantee for that time period. The financial report details, by category, financial expenditures incurred by the grantee team during that same period.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 section 501(c)(3) and 501(c)(4) 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 Regs. 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)?

	Yes	No
1b		N/A
2		N/A
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	42	6,485.	AUCTION VALUE
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		153.	AUCTION VALUE
5 Clothing and household goods	X		2,894.	AUCTION VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles	X	9	1,292.	AUCTION VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ATCH 4)		134.	27,258.	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 4

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
BEAUTY SUPPLIES & SERVICE	X	12	656.	AUCTION VALUE
EDUCATION	X	4	2,195.	AUCTION VALUE
ELECTRONICS	X	1	330.	AUCTION VALUE
FOOD	X	4	350.	AUCTION VALUE
JEWELRY	X	55	5,896.	AUCTION VALUE
TOYS	X	16	843.	AUCTION VALUE
TRAVEL & ENTERTAINMENT	X	33	16,038.	AUCTION VALUE
WINE	X	9	950.	AUCTION VALUE
TOTALS		<u>134.</u>	<u>27,258.</u>	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 5

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT.

PART VI SECTION B LINE 12C.

ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF
INTEREST STATEMENT WHICH DISCLOSES ANY CONFLICTS OR STATES THAT THERE ARE
NONE.

PROCESS TO REVIEW FORM 990

PART VI, SECTION B, LINE 11A

- 1) AFTER THE 990 TAX RETURN HAS BEEN DRAFTED BY THE EXTERNAL AUDITOR,
THE ASA FINANCIAL MANAGER AND EXTERNAL CPA ON THE AUDIT COMMITTEE WILL
REVIEW.
- 2) AFTER THE REVIEW, THE 990 TAX RETURN WILL GO BACK TO THE EXTERNAL
AUDITOR TO INCORPORATE SUGGESTED CHANGES.
- 3) WHEN THE CHANGES ARE MADE (OR IF NO CHANGES ARE REQUIRED), A
CONFERENCE CALL WILL BE SCHEDULED WITH THE AUDIT COMMITTEE AND THE
EXTERNAL CPA WILL FACILITATE A DISCUSSION OF THE 990 TAX RETURN AND
ADDRESS QUESTIONS.
- 4) WHEN THE DISCUSSION IS OVER, THE AUDIT COMMITTEE MEMBERS WILL VOTE
TO MAKE A RECOMMENDATION TO THE BOARD TO APPROVE THE 990 TAX RETURN.
- 5) THE 990 TAX RETURN WILL THEN BE SENT TO THE FULL BOARD (OR THE

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 5 (CONT'D)

EXECUTIVE COMMITTEE, WHICH CAN ACT ON BEHALF OF THE FULL BOARD, IF THE
FULL BOARD CANNOT BE CONVENED WITHIN A REASONABLE PERIOD OF TIME) FOR
APPROVAL.

6) AFTER THE 990 TAX RETURN IS APPROVED, IT WILL BE SIGNED BY THE
EXECUTIVE DIRECTOR OF THE FOUNDATION AND SUBMITTED TO THE IRS FOR
PROCESSING.

PUBLIC INSPECTION

PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, IL, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 7FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS NET OF EXPENSES	173,437.			173,437.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	20,072.			20,072.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 7 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EARNINGS OF SUBSIDIARY AAFP INSURANCE SERVICES	915,735.			915,735.
TOTALS	<u>1,109,244</u>			<u>1,109,244</u>

ATTACHMENT 8FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
ANNUAL AUCTION	38,082.
TOTAL	<u>38,082.</u>

ATTACHMENT 9FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ANNUAL AUCTION	73,553.	110,282.	-36,729.
TOTALS	<u>73,553.</u>	<u>110,282.</u>	<u>-36,729.</u>

ATTACHMENT 10FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	23,047.
TOTALS	<u>23,047.</u>

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 11FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITIES	5,613,541.	FMV
CORPORATE BONDS	869,465.	FMV
FIXED INCOME MUTUAL FUNDS	1,653,230.	FMV
TREASURY & FEDERAL AGENCY OBL	267,319.	FMV
CASH EQUIVALENTS	193,327.	FMV
TOTALS	<u>8,596,882.</u>	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	367,962.
(2)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	O	1,779,679.
(3)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	2,982,560.
(4)			
(5)			
(6)			

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Schedule R (Form 990) 2009

