

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT</b>		<b>D</b> Employer identification number <b>44-6013671</b>
	Doing Business As		<b>E</b> Telephone number <b>(913) 906-6000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>11400 TOMAHAWK CREEK PARKWAY, SUITE 430</b>	<b>430</b>	
	City or town, state or country, and ZIP + 4 <b>LEAWOOD, KS 66211</b>		<b>G</b> Gross receipts \$ <b>9,204,132.</b>
<b>F</b> Name and address of principal officer: <b>CRAIG M DOANE</b> <b>11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.AAFPFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1958</b> <b>M</b> State of legal domicile: <b>KS</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18.</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0.</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>142.</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9,800,673.</b>	<b>8,012,530.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>384,775.</b>	<b>910,272.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,522.</b>	<b>-17,264.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,200,970.</b>	<b>8,905,538.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>6,200,034.</b>	<b>4,941,592.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>17,775.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>824,401.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,548,982.</b>	<b>3,713,659.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,766,791.</b>	<b>8,655,251.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>434,179.</b>	<b>250,287.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>14,430,316.</b>	<b>18,572,487.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,258,904.</b>	<b>4,973,348.</b>
		<b>12,171,412.</b>	<b>13,599,139.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	<b>Signature of officer</b> 	<b>Date</b> <b>6/21/11</b>			
	<b>Type or print name and title</b> <b>Craig M. Doane, Executive Director</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>MARY STRATMAN</b>	<b>Preparer's signature</b> 	<b>Date</b> <b>6/21/11</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>PTIN</b> <b>P00646998</b>
	<b>Firm's name</b> ▶ <b>HOUSE PARK &amp; DOBRATZ, P.C.</b>	<b>EIN</b> ▶ <b>43-1562209</b>		<b>Phone no.</b> ▶ <b>816-931-3393</b>	
	<b>Firm's address</b> ▶ <b>605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112</b>				
<b>May the IRS discuss this return with the preparer shown above? (see instructions)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)JSA  
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Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: June 13, 2011

Taxpayer Identification Number:  
44-6013671  
Tax Form: 990  
Tax Period: December 31, 2010

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AMERICAN ACADEMY OF FAMILY  
PHYSICIANS FOUNDATION  
11400 TOMAHAWK CREEK PKWY STE 430  
LEAWOOD KS 66211-2681052

83999

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 \$ 3,373,014. including grants of \$ 2,557,862. ) (Revenue \$ 14. )  
PHILANTHROPIC ENDEAVORS TO ENHANCE HEALTHCARE QUALITY, STIMULATING  
RESEARCH PROGRAMS, BRING TOGETHER FAMILY MEDICINE ORGANIZATIONS,  
SPONSOR EDUCATIONAL SEMINARS AND TEACHER DEVELOPMENT AWARDS.

**4b** (Code: ) (Expenses \$ 157,350. including grants of \$ ) (Revenue \$ )  
CENTER FOR THE HISTORY OF FAMILY MEDICINE - SEE ATTACHED  
STATEMENT.

**4c** (Code: ) (Expenses \$ 3,855,513. including grants of \$ 2,383,730. ) (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 ► 7,385,877.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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, Parts I and IV . . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**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? If "Yes," complete Schedule I, Parts I and II. . . . .	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? If "Yes," complete Schedule I, Parts I and III. . . . .	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? If "Yes," complete Schedule J. . . . .	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II. . . . .		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? If "Yes," complete Schedule L, Part III. . . . .		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? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		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? If "Yes," complete Schedule R, Part I. . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .	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? If "Yes," complete Schedule R, Part VI. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	58	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	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 . . . . .	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
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)? . . . . .		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
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? . . . . .		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	2	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	19	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	18	
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . . . . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 . . . . .		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	N/A	
<b>b</b> Other officers or key employees of the organization . . . . .	N/A	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 1**

**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**Check if Schedule O contains a response to any question in this Part VII. . . . . ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 2										
(1) RICHARD G. ROBERTS, M.D. PRESIDENT	8.00	X		X				7,200.	1,600	0.
(2) MARY JO WELKER, M.D. VICE PRESIDENT	2.00	X		X				3,825.	900	0.
(3) CRAIG M. DOANE EXECUTIVE DIRECTOR - NONVOTING	20.00	X		X				0.	204,826.	61,134.
(4) JEFFREY J. CAIN, M.D. BOARD MEMBER	1.00	X						0.	2,116.	0.
(5) DENIS E. CHAGNON, M.D. BOARD MEMBER	1.00	X						600.	600	0.
(6) MICHAEL FLEMING, M.D. BOARD MEMBER	1.00	X						0.	700	0.
(7) RONALD E. CHRISTENSEN, M.D. BOARD MEMBER	1.00	X						300.	600	0.
(8) JEFF G. HIMMELBERG BOARD MEMBER	1.00	X						0.	0	0.
(9) KENNETH P. MORITSUGU, M.D. BOARD MEMBER	1.00	X						0.	0	0.
(10) JANE A. WEIDA, M.D. TREASURER	2.00	X		X				3,300.	0	0.
(11) LINDA STONE, M.D. BOARD MEMBER	1.00	X						1,050.	0	0.
(12) ROBERT C.M. BOURNE, M.D. BOARD MEMBER	1.00	X						1,050.	1,900	0.
(13) JASON E. MARKER, M.D. BOARD MEMBER	1.00	X						1,350.	0	0.
(14) DOUGLAS HENLEY, M.D. BOARD MEMBER	1.00	X						0.	547,457.	108,366.
(15) EVELYN L. LEWIS & CLARK, M.D, BOARD MEMBER	M.A. 1.00	X						300.	600	0.
(16) ANNE W. BERRY, M.A. BOARD MEMBER	1.00	X						0.	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 (describe hours for related organizations in Schedule O)	(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			
(17) DONALD W. DISTASIO BOARD MEMBER	1.00	X						900.	0.	0.
(18) MICHELLE F. JONES, M.D. BOARD MEMBER	1.00	X						1,350.	100.	0.
(19) BROOKE M. SCIUTO, M.D. BOARD MEMBER	1.00	X						600.	10,507.	0.
(20) CONRAD L. FLICK, M.D. BOARD MEMBER	1.00	X						0.	21,726.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b> . . . . .								21,825.	793,632.	169,500.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								21,825.	793,632.	169,500.

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**

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 . . . . .

	Yes	No
3		X
4	X	
5		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 . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**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**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants and other revenue	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 61,416.				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 346,300.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> Other contributions and grants . . . . .	<b>1f</b>				
	<b>g</b> Other revenue not reported above . . . . .	<b>1g</b> 603,814				
	<b>h</b> In-lieu-of cash contributions to pay in-lieu cash . . . . .	<b>1h</b> 0				
	<b>Total. Add lines 1a-1f</b>		9,012,530			
<b>2</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
<b>3</b> Income from investment of tax-exempt bond proceeds . . . . .						
<b>4</b> Royalties . . . . .						
<b>5</b> Rental income . . . . .						
<b>6</b> Less: rental expenses . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .						
<b>b</b> Less: cost or other basis and sales expenses . . . . .						
<b>c</b> Gain or (loss) . . . . .						
<b>d</b> Net gain or (loss) . . . . .			257,766			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) . . . . .			61,416			
<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from fundraising events . . . . .			61,416			
<b>9a</b> Gross income from gaming activities . . . . .						
<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory less returns and allowances . . . . .						
<b>b</b> Less: cost of goods sold . . . . .						
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>11</b> Miscellaneous Revenue . . . . .						
<b>11a</b> Sales of goods . . . . .						
<b>b</b> Other revenue . . . . .						
<b>c</b> Total. Add lines 11a-11d . . . . .			13			
<b>12</b> Total revenue. See instructions . . . . .			9,025,536			

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	3,976,843.	3,976,843.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	53,525.	53,525.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	911,224.	911,224.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
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):	0.			
a Management . . . . .	5,882.	2,070.	3,812.	
b Legal . . . . .	13,593.		13,593.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	52,744.	7,002.	45,742.	
f Investment management fees . . . . .	2,793,186.	1,970,529.	302,395.	520,262.
g Other . . . . .	33,711.	26,489.		7,222.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	49,886.	32,176.		17,710.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	165,876.	97,775.	43,712.	24,389.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	312,950.	190,718.	17,726.	104,506.
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	15,366.	314.	1,039.	14,013.
22 Depreciation, depletion, and amortization . . . . .	8,765.		8,765.	
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAILING SERVICES & POSTAGE	97,295.	44,279.	977.	52,039.
b ANNUAL REPORT	4,925.	2,709.		2,216.
c ART & PRINTING	80,272.	24,667.	4,778.	50,827.
d BOOK ACQUISITIONS, VIDEO PROD	13,414.	13,414.		
e BANK CHARGES	19,962.	80.		19,882.
f All other expenses	45,832.	32,063.	2,434.	11,335.
25 Total functional expenses. Add lines 1 through 24f	8,655,251.	7,385,877.	444,973.	824,401.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	177,073.	1	153,219.
	2 Savings and temporary cash investments . . . . .	3,449,806.	2	5,979,713.
	3 Pledges and grants receivable, net . . . . .	33,715.	3	35,896.
	4 Accounts receivable, net . . . . .	93,555.	4	221,573.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	23,047.	9	24,073.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	260,414.		
	10b Less: accumulated depreciation . . . . .	207,293.		
	10c	67,286.		53,121.
	11 Investments - publicly traded securities . . . . .	8,596,882.	11	10,546,276.
	12 Investments - other securities. See Part IV, line 11 . . . . .	1,988,952.	12	1,558,616.
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	14,430,316.	16	18,572,487.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	1,604,541.	17	2,406,492.
	18 Grants payable . . . . .	299,116.	18	366,942.
	19 Deferred revenue . . . . .	355,247.	19	2,199,914.
	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 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,258,904.	26	4,973,348.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	9,530,950.	27	11,100,950.
	28 Temporarily restricted net assets . . . . .	1,366,306.	28	1,157,330.
	29 Permanently restricted net assets . . . . .	1,274,156.	29	1,340,859.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	12,171,412.	33	13,599,139.
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	14,430,316.	34	18,572,487.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	8,905,538.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,655,251.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	250,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	12,171,412.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	1,177,440.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	13,599,139.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	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.	2c	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 separate basis, consolidated 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? . . . . .	3a	N/A
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2010)



**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

**2010**

**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? \_\_\_\_\_

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

h Provide the following information about the supported organization(s).

(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	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									2,068,400.

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

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of the services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>		%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>		%
<b>19a</b> 33 1/3% support tests - 2010. 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 ► <input type="checkbox"/>			
<b>b</b> 33 1/3% support tests - 2009. 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 ► <input type="checkbox"/>			
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

## ATTACHMENT 1

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
AMERICAN ACADEMY OF FAMILY PHYSICIANS	44-0536051	09			X	X		X	2,068,400.
TOTAL AMOUNT OF SUPPORT									<u>2,068,400.</u>

Schedule of Contributors

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

OMB No. 1545-0047

2010

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 foundation

Check 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).

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		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 50,000.	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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 247,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 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
13		\$ 187,000.	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		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 149,232.	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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 16,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 47,000.	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
25		\$ 68,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 346,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 15,942.	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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 4,058,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 143,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 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
37		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 9,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 7,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 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
43		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 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
49	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 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
55		\$ 205,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 190,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 5,000.	Person <input checked="" 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.)

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► 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.

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 education)	<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 Tax 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, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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Schedule D (Form 990) 2010

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**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 XIV and complete the following table:

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

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

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

**Part V Endowment Funds.** Complete if 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 . . . . .	8,539,777.	7,039,383.	9,468,568.		
b Contributions . . . . .	186,009.	91,127.	158,070.		
c Net investment earnings, gains, and losses . . . . .	921,697.	1,449,284.	-2,518,390.		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,200.	40,017.	68,865.		
f Administrative expenses . . . . .					
g End of year balance . . . . .	9,646,283.	8,539,777.	7,039,383.		

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

- a Board designated or quasi-endowment ▶ 86.0000 %  
 b Permanent endowment ▶ 14.0000 %  
 c Term endowment ▶ %

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

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

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

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

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

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

Description of 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 . . . . .		260,414.	207,293.	53,121.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				53,121.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	162,149.	ATTACHMENT 1
(2) Closely-held equity interests . . . . .	1,396,467.	ATTACHMENT 2
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,558,616.	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (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	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

**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	8,905,538.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,655,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	250,287.
4	Net unrealized gains (losses) on investments	4	1,177,440.
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	1,177,440.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,427,727.

**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	10,030,234.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,177,440.
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	1,177,440.
3	Subtract line 2e from line 1	3	8,852,794.
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	52,744.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	52,744.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,905,538.

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

1	Total expenses and losses per audited financial statements	1	8,602,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,602,507.
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	52,744.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	52,744.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,655,251.

**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)

## 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.

## INCOME TAX FOOTNOTE

## SCHEDULE D PART X LINE 2

THE FOUNDATION IS AN ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), AND HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) THAT IT IS EXEMPT FROM FEDERAL INCOME TAX ON ITS RELATED EXEMPT ACTIVITIES UNDER IRC 501(A). THE FOUNDATION'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. THE FOUNDATION HAS NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009. HOWEVER, THE FOUNDATION'S FEDERAL INFORMATION RETURNS FOR 2007, 2008 AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.

**Part XIV** Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
HEDGE FUNDS	162,149.	FMV
TOTALS	<u>162,149.</u>	

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN AAFP INS SVCS	1,396,467.	COST
TOTALS	<u>1,396,467.</u>	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING		748,127.
(2) EUROPE			GRANTMAKING		299,881.
(3) SUB-SAHARAN AFRICA			GRANTMAKING		19,892.
(4) SOUTH AMERICA			GRANTMAKING		10,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total, . . . . .					1,077,900.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					1,077,900.

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

Schedule F (Form 990) 2010

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PEER SUPPORT	289,800.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PEER SUPPORT	291,651.	WIRE TRANSFE			
(3)			EUROPE/ICELAND/GREENLAND	PEER SUPPORT	299,861.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PEER SUPPORT	19,892.	WIRE TRANSFE			
(5)			SOUTH AMERICA	PEER SUPPORT	10,000.	WIRE TRANSFE			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6.**

3 Enter total number of other organizations or entities **6.**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471).* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☐ Yes ☒ No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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  
2010 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.



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

2010

Open To Public  
Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

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 ☐ Mail solicitations e ☐ Solicitation of non-government grants  
b ☐ Internet and email solicitations f ☐ Solicitation of government grants  
c ☐ Phone solicitations g ☐ Special fundraising events  
d ☐ 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 CELEBRITY EVENT (event type)	(b) Event #2 CELEBRITY EVEN (event type)	(c) Other Events 3. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	37,600.	9,975.	37,391.	84,966.
	2 Less: Charitable contributions . . . . .	18,850.	5,175.	37,391.	61,416.
	3 Gross income (line 1 minus line 2). . . . .	18,750.	4,800.		23,550.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	16,870.	3,650.		20,520.
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	2,728.	1,940.	15,640.	20,308.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 40,828.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-17,278.

**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.

		(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 . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- 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 ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☐ No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated 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
(1)	SEE ATTACHED DETAIL			3,976,843.				SEE ATTACHED DETAIL
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2** Enter total number of section 501(c)(3) and government organizations 43
- 3** Enter total number of other organizations 11

Schedule I (Form 990) (2010)

**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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	RESIDENT RESEARCH GRANTS	5.	8,025.			
2	SCIENTIFIC ASSEMBLY FELLOWSHIP AWARDS	13.	13,000.			
3	TEACHER DEVELOPMENT AWARDS	13.	26,000.			
4	WONCA TRAVEL AWARDS	5.	5,000.			
5	STERN LECTURESHIP	1.	1,500.			
6						
7						
<b>Part IV</b> 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  
 2010 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
American Academy of Family Physicians	44-0536051	501(c)(6)	75,000	Tar Wars Core Support
American Academy of Family Physicians	44-0536051	501(c)(6)	289,800	Peers for Progress Diabetes Support
American Academy of Family Physicians	44-0536051	501(c)(6)	95,508	Primary Care Osteoarthritis Treatment Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	50,000	AIM Core Support
American Academy of Family Physicians	44-0536051	501(c)(6)	75,000	AAFP's familydoctor.org Spanish Language Translation
American Academy of Family Physicians	44-0536051	501(c)(6)	119,348	NRN Vaccine Management Pilot Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	25,000	Support of the Center of International Health
American Academy of Family Physicians	44-0536051	501(c)(6)	75,000	Family Medicine Interest Group Funding
American Academy of Family Physicians	44-0536051	501(c)(6)	87,582	NRN Irritable Bowel Syndrome Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	49,000	Award for Excellence in Graduate Education 2010
American Academy of Family Physicians	44-0536051	501(c)(6)	24,500	Award for Excellence in Graduate Education 2011
American Academy of Family Physicians	44-0536051	501(c)(6)	95,238	MetLife Family Fitness/Childhood Obesity Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	72,000	National Conference Scholarships
American Academy of Family Physicians	44-0536051	501(c)(6)	205,733	RCG- Tracking Input of Grad Med Education Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	180,000	Patient Protection and Affordable Healthcare Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	476,385	Geriatrics Implementation Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	5,972	Provider Voice Health System Change and Reform Grant
American Academy of Family Physicians	44-0536051	501(c)(6)	1,500	Support of CIHI Conference
American Academy of Family Physicians	44-0536051	501(c)(6)	65,834	Videos for PCMH Grant
Virginia Commonwealth University	54-6001758	501(c)(3)	123,038	Grant Generating Projects
Annals of Family Medicine	01-0576305	501(c)(3)	20,000	Support for the Annals of Family Medicine
International Medical Corps	95-3949646	501(c)(3)	33,440	Disaster Relief money for Haiti
Heart to Heart International	48-1108359	501(c)(3)	35,547	Disaster Relief money for Haiti
Heart to Heart International	48-1108359	501(c)(3)	20,411	Reimbursement of school supplies, sewing machine, desks, lockers, chairs & other for boarding schools for orphans in Tajikistan
Henry M Jackson Foundation for Adv. of Military Medicine	52-1317896	501(c)(3)	6,000	Pass through of a donation

American Academy of Family Physicians Foundation

EIN - 446013671

2010 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
<b>Pfizer Visiting Professorship</b>				
University of Cincinnati, Department of Family Medicine	31-6000989	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 Kansas Medical Center – Kansas City, Kansas	48-1108830	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.
Meharry Medical College, Department of Family and Community Medicine	62-0488046	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.
Michigan State University, Department of Family Medicine	38-6005984	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.
Saint Louis University School of Medicine, Department of Family and Community Medicine	43-0654872	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 Wisconsin Medical Foundation Inc.	39-1824445	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.
<b>Pfizer Immunization Awards</b>				
Western Reserve Care System	34-1454933	501(c)(3)	13,000	Immunization Awards Program
St Joseph Family Medicine Residency	39-1636804	501(c)(3)	13,000	Immunization Awards Program
Valley Foundation	23-7352886	501(c)(3)	11,000	Immunization Awards Program
Brooklyn Hospital Center	11-1630755	501(c)(3)	11,000	Immunization Awards Program

**American Academy of Family Physicians Foundation**

EIN - 446013671

2010 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
RiverStone Health Foundation	1535 Industrial Ave, PO Box 1562, Billings, MT 59103	35-2332179	501(c)(3)	11,000	Immunization Awards Program
Family Practice of Glendale	801 S. Chevy Chase Drive, Glendale, CA 91205	95-4237609	n/a	6,000	Immunization Awards Program
Friends of St. Elizabeth's Hospital	211 S Third Street, Belleville, IL 62220	37-0663567	501(c)(3)	6,000	Immunization Awards Program
KU Endowment Association	PO Box 928, Lawrence, KS 66044	48-0547734	501(c)(3)	11,000	Immunization Awards Program
St Joseph Regional Medical Center	837 E. Cedar Street, South Bend, IN 46617	35-0868157	501(c)(3)	13,000	Immunization Awards Program
Howard University Hospital Family Medicine Residency	2139 Georgia Ave, NW, Washington, DC 20001	53-0196961	501(c)(3)	11,000	Immunization Awards Program
<b>Externships and FMPC Awards</b>					
California AFP Foundation	1520 Pacific Ave., San Francisco, CA 94109	94-2938597	501(c)(3)	6,250	Innovations in Medical Education: Teaching the PCMH Philosophy and Externship
Colorado AFP	2224 S. Fraser St., Unit 1, Aurora, CO 80014	84-6044788	501(c)(6)	8,250	School-Based Wellness Initiative & Externship
Florida AFP	6720 Atlantic Blvd., Jacksonville, FL 32211	59-6138054	501(c)(6)	5,000	Factors Affecting Consumer Food Choices
Foundation of the Georgia AFP	3760 La Vista Rd., Ste 100, Tucker, GA 30084	58-6212478	501(c)(3)	5,000	Rural Georgia Tar Wars 2011-2012
Georgia AFP	3760 La Vista Rd., Ste 100, Tucker, GA 30084	58-6044158	501(c)(6)	5,000	FMIG Education Programming Bureau
Illinois Family Foundation	4756 Main Street, Lisle, IL 60532	36-3433953	501(c)(3)	11,250	Leaders Transforming Healthcare, Fall Festival Preparing for Residency & Externship
Kansas AFP Foundation	7570 W. 21st St N, #1046C, Wichita, KS 67205	48-0572261	501(c)(3)	13,075	Centering Pregnancy: Group Visits in Residency Education, Latex to Laryngoscopes & Externship
Louisiana AFP	919 Tara Blvd., Baton Rouge, LA 70806-7820	72-0474962	501(c)(6)	8,250	Louisiana Family Medicine Student and Resident Conference & Externship
Maryland AFP	5710 Executive Dr., Suite 104, Baltimore, MD 21228	52-1317156	501(c)(6)	5,000	2011 Family Care Tract Program & Externship
Minnesota AFP Foundation	600 Highway 169 South, Suite 1680, St. Louis Park, MN 55426	36-3611238	501(c)(3)	13,250	Reducing Health Care Disparities by Enhancing Communication, Resident Research Grant Program & Externship
Nebraska AFP	11920 Burt St., Suite 170, Omaha, NE 68154	91-1753651	501(c)(6)	5,000	Step Up to Your Game Conference
North Carolina AFP	1303 Annapolis Drive, Raleigh, NC 27608	56-1778317	501(c)(6)	5,000	Educate Physicians in NC about the BCBS Blue Quality Physician Program



American Academy of Family Physicians Foundation

EIN - 446013671

2010 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
Ohio AFP Foundation	4075 N High St., Columbus, OH 43214	31-1191776	6,250	2011 SEARCH-Enhanced Leroy A Rodgers, MD Preceptorship and Externship
Texas AFP	12012 Technology Blvd, Ste 200, Austin, TX 78727	74-1109411	7,500	Texas Conference of Family Medicine Residents and Students & Hard Hats for Little Heads
West Virginia AFP	PO Box 1090, Hurricane, WV 25526	55-0419533	8,250	Speed Dating for an Employer & Externship
JGAP, PBRN and Research Stimulation Grants				
Salud Family Health Centers	203 S Rollie Ave, Fort Lupton, CO 80621-1508	84-0613540	27,619	
Lawrence Family Medicine Residency	GLFHC, Inc., 34 Haverhill Street, Lawrence, MA 01841	04-2708824	7,500	
The Geneva Foundation	9501 Lakewood Dr. SW, Bldg 24, Ste D, Lakewood, WA 98496	91-1593913	6,677	
The Trustees of Columbia University in the City of New York	610 W 158th St., New York, NY 10032-7104	13-5598093	7,500	
Community Hospitals of Indiana, Inc.	1500 N. Ritter Ave., Indianapolis, IN 46219	35-0983617	7,500	
Altoona Family Physicians	501 Howard Ave., Ste F2, Altoona, PA 16601	23-1352155	5,600	
NorthTex of the University of North Texas Health Sciences Center	3500 Camp Bowie Blvd., Fort Worth, TX 76107-2553	75-6064033	7,474	
Trustees of Dartmouth College	37 Dewey Field Road, Hanover, NH 03755	02-0222111	7,500	
Family Medicine of Southwest Washington	100 E. 33rd St., Suite 100, Vancouver, WA 98663	91-6068143	32,000	
Denver Health and Hospital Authority	777 Bannock Street, Denver, CO 80204	84-1343243	43,114	Hospital Authority
UMDNJ-RWJMS Department of Family Medicine & Community Health	1 Robert Wood Johnson Pl, MEB 262, New Brunswick, NJ 08903	22-1980408	7,500	501(c)(3)
<b>Peers for Progress Domestic Grants</b>				
San Diego State University Research Foundation	5250 Campanile Dr., San Diego, CA 92182	95-6042721	291,450	Public University Peer Support Research in Diabetes

American Academy of Family Physicians Foundation

EIN - 446013671

2010 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 California at San Francisco, Dept of Family & Community Medicine	1855 Folsom St., Suite 425, San Francisco, CA 94113	93-6036493	Public University	291,654 Peer Support Research in Diabetes
AAFP			see above	
University of Alabama at Birmingham	1530 3rd Ave South, AB-1170, Birmingham, AL 35294	63-6005396	Public University	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 University	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 University	10,000 Peer Support Research in Diabetes
UCLA	11000 Kinross Ave, Suite 102, Los Angeles, CA 90095	95-6006143	Public University	10,000 Peer Support Research in Diabetes
Other Grants under \$5,000			63,994	
Total Domestic Grants			3,976,843	

## 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 Pfizer 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 or adult 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. Grant awards are announced in December. The grant cycle runs from February to January of the year following the announcement. An FMPC Grant Award Agreement is created and signed by all parties. An interim report detailing progress toward outcomes is required in August. A final report summarizing program implementation and final budget is due the following March. 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

2010

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.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☐ Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment from the organization or a related organization?  
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG M. DOANE	(i) 0.					0.	
	(ii) 203,809.		1,017.	28,352.	32,782.	265,960.	
2 DOUGLAS HENLEY, M.D.	(i) 0.					0.	
	(ii) 467,699.		79,758.	39,490.	68,876.	655,823.	
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

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 11B

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

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.

OTHER CHANGES IN NET ASSETS

FORM 990 PART XI LINE 5

OTHER INCREASE IN NET ASSETS OF \$1,177,440 REPRESENTS UNREALIZED GAINS ON INVESTMENTS.

ATTACHMENT 1

FORM 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, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 2 (CONT'D)

RICHARD G. ROBERTS, M.D.	
PRESIDENT	2.00
MARY JO WELKER, M.D.	
VICE PRESIDENT	2.00
CRAIG M. DOANE	
EXECUTIVE DIRECTOR - NONVOTING	20.00
JEFFREY J. CAIN, M.D.	
BOARD MEMBER	9.00
DENIS E. CHAGNON, M.D.	
BOARD MEMBER	1.00
MICHAEL FLEMING, M.D.	
BOARD MEMBER	1.00
RONALD E. CHRISTENSEN, M.D.	
BOARD MEMBER	1.00
JEFF G. HIMMELBERG	
BOARD MEMBER	0.00
KENNETH P. MORITSUGU, M.D.	
BOARD MEMBER	0.00
JANE A. WEIDA, M.D.	
TREASURER	0.00
LINDA STONE, M.D.	
BOARD MEMBER	0.00
ROBERT C.M. BOURNE, M.D.	
BOARD MEMBER	1.00
JASON E. MARKER, M.D.	
BOARD MEMBER	0.00
DOUGLAS HENLEY, M.D.	
BOARD MEMBER	39.00
EVELYN L. LEWIS & CLARK, M.D, M.A.	
BOARD MEMBER	1.00
ANNE W. BERRY, M.A.	
BOARD MEMBER	0.00
DONALD W. DISTASIO	
BOARD MEMBER	0.00
MICHELLE F. JONES, M.D.	
BOARD MEMBER	0.00
BROOKE M. SCIUTO, M.D.	
BOARD MEMBER	8.00
CONRAD L. FLICK, M.D.	
BOARD MEMBER	9.00

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT	Employer identification number 44-6013671
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ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	184,964.			184,964.
CHANGE IN VALUE OF SPLIT-INTEREST AGR	11,647.			11,647.
EARNINGS OF SUBSIDIARY AAFP INSURANCE	971,427.			971,427.
TOTALS	<u>1,168,038.</u>			<u>1,168,038.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CELEBRITY EVENT #1	18,850.
CELEBRITY EVENT #	5,175.
MINI AUCTION	24,662.
OTHER	12,729.
TOTAL	<u>61,416.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CELEBRITY EVENT #1	18,750.	19,598.	-848.
CELEBRITY EVENT #	4,800.	5,590.	-790.
MINI AUCTION		11,623.	-11,623.
OTHER		4,017.	-4,017.
TOTALS	<u>23,550.</u>	<u>40,828.</u>	<u>-17,278.</u>

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 6FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	24,073.
TOTALS	<u>24,073.</u>

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITIES	6,685,601.	FMV
CORPORATE BONDS	946,867.	FMV
FIXED INCOME MUTUAL FUNDS	716,737.	FMV
TREASURY & FEDERAL AGENCY OBL	914,181.	FMV
CASH EQUIVALENTS	481,866.	FMV
INVESTMENT IN POOLED FUNDS AT THE ACADEMY	801,024.	FMV
TOTALS	<u>10,546,276.</u>	

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number  
44-6013671

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(2)	AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501 (C) (6)	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

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**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) RAFF INSURANCE SERVICES 11400 TOMAHAWK CREEK PARKWAY LEANWOOD, KS 66207 43-1226253	INSURANCE ADM	KS	RAFF FOUNDATION C	CORP	971,427.	4,650,565.	100.0000
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010



**Part VII** **Supplemental Information**

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