

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 2011, and ending , 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

11400 TOMAHAWK CREEK PARKWAY, SUITE 430

Room/suite

430

City or town, state or country, and ZIP + 4

LEAWOOD, KS 66211

F Name and address of principal officer:

CRAIG M DOANE

11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211

D Employer identification number

44-6013671

E Telephone number

(913) 906-6000

G Gross receipts \$ 6,695,010.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AAFPFFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1958 M State of legal domicile: KS

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:			
		THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION ADVANCES THE			
		VALUE OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL, AND			
		SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19.	
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	150.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8	Contributions and grants (Part VIII, line 1h)	8,012,530.	5,420,616.	
	9	Program service revenue (Part VIII, line 2g)	0	0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	910,272.	1,260,019.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,264.	-18,947.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,905,538.	6,661,688.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,941,592.	2,857,622.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	28,425.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b		Total fundraising expenses (Part IX, column (D), line 25)	763,141.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,713,659.	3,008,443.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,655,251.	5,894,490.	
19		Revenue less expenses. Subtract line 18 from line 12	250,287.	767,198.	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	18,572,487.	21,347,994.
		21	Total liabilities (Part X, line 26)	4,973,348.	7,378,520.
	22	Net assets or fund balances. Subtract line 21 from line 20	13,599,139.	13,969,474.	

Part II Signature Block

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

Sign
Here

Signature of officer

Craig M. Doane, Executive Director

Type or print name and title

7/2/12

Date

Paid
Preparer
Use Only

Print/Type preparer's name

MARY H. STRATMAN

Preparer's signature

Date

7/2/12

Check ☐ if self-employed PTIN P00646998

Firm's name HOUSE PARK & DOBRATZ, P.C.

Firm's EIN 43-1562209

Firm's address 605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112

Phone no. 816-931-3393

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT		<input checked="" type="checkbox"/> 44-6013671	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.		<input type="checkbox"/>	Social security number (SSN)
	11400 TOMAHAWK CREEK PARKWAY, SUITE 430			
		City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
		LEAWOOD, KS 66211		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JULIE LEVINSON

Telephone No. ▶ 913 906-6000

FAX No. ▶ 913 906-6095

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2011 or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

House Park & Dobrzak, P.C.

Certified Public Accountants

605 West 47th Street, Suite 301

Kansas City, MO 64112 FED 1.D. #43-1562209

Form 8868 (Rev. 1-2012)

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,400,478. including grants of \$ 1,696,982.) (Revenue \$)

PHILANTHROPIC ENDEAVORS TO ENHANCE HEALTHCARE QUALITY, STIMULATE
FAMILY MEDICINE RESEARCH, BRING TOGETHER FAMILY MEDICINE
ORGANIZATIONS, SUPPORT EDUCATIONAL SEMINARS AND COMPETITIVE AWARDS
TO FAMILY PHYSICIANS AND RESIDENCY PROGRAMS FOR IMPROVING HEALTH
CARE IN PATIENTS.

4b (Code:) (Expenses \$ 189,466. including grants of \$ 1,440.) (Revenue \$)

CENTER FOR THE HISTORY OF FAMILY MEDICINE - SEE ATTACHED
STATEMENT.

4c (Code:) (Expenses \$ 2,049,597. including grants of \$ 1,159,200.) (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 ► 4,639,541.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2011)

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. 43		
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? Note. 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
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 1		
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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		

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
1a Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 20		
material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JULIE LEVINSON 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 913-906-6000

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1) RICHARD G. ROBERTS, M.D. PRESIDENT	8.00	X		X				9,000.	3,000.	0
(2) MARY JO WELKER, M.D. VICE PRESIDENT	2.00	X		X				6,525.	900.	0
(3) CRAIG M. DOANE EXECUTIVE DIRECTOR - NONVOTING	20.00	X		X				0	224,066.	58,253.
(4) JEFFREY J. CAIN, M.D. BOARD MEMBER	1.00	X						0	6,301.	0
(5) DENIS E. CHAGNON, M.D. BOARD MEMBER	1.00	X						450.	600.	0
(6) WANDA D. FILER, MD BOARD MEMBER	1.00	X						0	6,377.	0
(7) RONALD E. CHRISTENSEN, M.D. BOARD MEMBER	1.00	X						600.	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						300.	0	0
(10) JANE A. WEIDA, M.D. TREASURER	2.00	X		X				4,050.	0	0
(11) S. HUGHES MELTON, MD BOARD MEMBER	1.00	X						450.	600.	0
(12) ROBERT C.M. BOURNE, M.D. BOARD MEMBER	1.00	X						1,200.	3,250.	0
(13) JASON E. MARKER, M.D. BOARD MEMBER	1.00	X						1,200.	0	0
(14) DOUGLAS HENLEY, M.D. BOARD MEMBER	1.00	X						0	548,458.	98,925.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) EVELYN L. LEWIS & CLARK, M.D., BOARD MEMBER	M.A. 1.00	X						600.	0	0
16) ANNE W. BERRY, M.A. BOARD MEMBER	1.00	X						0	0	0
17) DONALD W. DISTASIO BOARD MEMBER	1.00	X						1,050.	0	0
18) MICHELLE F. JONES, M.D. BOARD MEMBER	1.00	X						1,050.	0	0
19) BROOKE M. SCIUTO, M.D. BOARD MEMBER	1.00	X						1,950.	1,000.	0
20) CONRAD L. FLICK, M.D. BOARD MEMBER	1.00	X						0	27,900.	0
21) BRIAN D. WELCH, CPA BOARD MEMBER	1.00	X						0	0	0
1b Sub-total								23,775.	794,152.	157,178.
c Total from continuation sheets to Part VII, Section A								4,650.	28,900.	0
d Total (add lines 1b and 1c)								28,425.	823,052.	157,178.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **2**

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	44,780.		
	d	Related organizations	1d	329,005.		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,046,831.		
	g	Noncash contributions included in lines 1a-1f: \$		9,700.		
	h	Total. Add lines 1a-1f		5,420,616.		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		1,177,719.		1,177,719.
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)		82,300.		
	d	Net gain or (loss)		82,300.		82,300.
	8a	Gross income from fundraising events (not including \$ 44,780. of contributions reported on line 1c). See Part IV, line 18 a	ATCH 5			
	b	Less: direct expenses b		14,375.		
	c	Net income or (loss) from fundraising events	ATCH 6		33,322.	
				-18,947.		
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b				
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		6,661,688.		1,260,019.	

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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,385,988.	2,385,988.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	36,934.	36,934.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	434,700.	434,700.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	28,425.	4,225.	17,350.	6,850.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):	0			
a Management	3,385.	3,235.	150.	
b Legal	14,587.		14,587.	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	68,104.	9,576.	58,528.	
f Investment management fees	2,262,649.	1,480,121.	314,679.	467,849.
g Other	36,173.	28,230.		7,943.
12 Advertising and promotion	0			
13 Office expenses	62,875.	42,407.		20,468.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	199,897.	114,135.	47,174.	38,588.
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	125,258.	28,471.	15,877.	80,910.
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,932.	236.	633.	14,063.
23 Insurance	8,678.		8,678.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAILING SERVICES & POSTAGE	60,932.	26,166.	470.	34,296.
b ANNUAL REPORT	5,456.	2,728.		2,728.
c ART & PRINTING	72,755.	24,190.	1,304.	47,261.
d BOOK ACQUISITIONS, VIDEO PROD	3,723.	3,723.		
e All other expenses	69,039.	14,476.	12,378.	42,185.
25 Total functional expenses. Add lines 1 through 24e	5,894,490.	4,639,541.	491,808.	763,141.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	153,219.	1	0
	2 Savings and temporary cash investments	6,261,579.	2	9,257,593.
	3 Pledges and grants receivable, net	35,896.	3	34,377.
	4 Accounts receivable, net	221,573.	4	127,550.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	24,073.	9	150,367.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	262,068.		
	b Less: accumulated depreciation	222,225.		
	11 Investments - publicly traded securities	10,064,410.	11	10,119,035.
	12 Investments - other securities. See Part IV, line 11	1,758,616.	12	1,619,229.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,572,487.	16	21,347,994.	
Liabilities	17 Accounts payable and accrued expenses	2,406,492.	17	1,140,888.
	18 Grants payable	366,942.	18	321,927.
	19 Deferred revenue	2,199,914.	19	5,915,705.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	4,973,348.	26	7,378,520.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,100,950.	27	11,539,798.
	28 Temporarily restricted net assets	1,157,330.	28	1,028,631.
	29 Permanently restricted net assets	1,340,859.	29	1,401,045.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,599,139.	33	13,969,474.
	34 Total liabilities and net assets/fund balances.	18,572,487.	34	21,347,994.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,661,688.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,894,490.
3	Revenue less expenses. Subtract line 2 from line 1	3	767,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,599,139.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-396,863.
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	13,969,474.

Part XII Financial Statements and ReportingCheck 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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)									
Total									1,178,536.

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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	07		X	X		X		1,178,536.
TOTAL AMOUNT OF SUPPORT									<u>1,178,536.</u>

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

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

OMB No. 1545-0047

2011

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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 total 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 Part I, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 100,000.	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		\$ 35,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 368,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 55,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 48,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 66,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 329,005.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 178,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 14,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 1,829,666.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 5,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 204,209.	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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 35,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,100.	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		\$ 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 64,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 5,000.	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.)
60		\$ 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,289.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,550.	Person <input type="checkbox"/> Payroll <input checked="checked" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 1,815.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 296,021.	Person <input checked="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.)

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number
44-6013671**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or 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 section 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 ▶ \$ _____

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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,646,283.	8,539,777.	7,039,383.	9,468,568.	
b Contributions	94,570.	186,009.	91,127.	158,070.	
c Net investment earnings, gains, and losses	-141,703.	921,697.	1,449,284.	-2,518,390.	
d Grants or scholarships					
e Other expenditures for facilities and programs	600.	1,200.	40,017.	68,865.	
f Administrative expenses					
g End of year balance	9,598,550.	9,646,283.	8,539,777.	7,039,383.	

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

a Board designated or quasi-endowment ▶ 85.0000 %

b Permanent endowment ▶ 15.0000 %

c Temporarily restricted endowment ▶ %

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

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

(i) unrelated organizations

(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 property	(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		262,068.	222,225.	39,843.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,843.

Schedule D (Form 990) 2011

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	85,125.	ATTACHMENT 1
(2) Closely-held equity interests	1,334,104.	ATTACHMENT 2
(3) Other		
(A) CERTIFICATE OF DEPOSIT	200,000.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,619,229.	

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (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	6,661,688.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,894,490.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	767,198.
4	Net unrealized gains (losses) on investments	4	-396,863.
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	-396,863.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	370,335.

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	6,196,721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-396,863.
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	-396,863.
3	Subtract line 2e from line 1	3	6,593,584.
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	68,104.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	68,104.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,661,688.

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

1	Total expenses and losses per audited financial statements	1	5,826,386.
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	5,826,386.
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	68,104.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	68,104.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,894,490.

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, 2011 AND 2010. THE FOUNDATION IS NO LONGER SUBJECT TO AUDITS BY THE IRS FOR YEARS PRIOR TO 2008. 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	85,125.	FMV
TOTALS	<u>85,125.</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	1,334,104.	COST
TOTALS	<u>1,334,104.</u>	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

**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

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

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 its grants and other 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 its grants and other assistance 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		289,800.
(2) EUROPE			GRANTMAKING		144,900.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.					434,700.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					434,700.

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

Schedule F (Form 990) 2011

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	144,900.	WIRE TRANSFER			
(2)			EAST ASIA/PACIFIC	PEER SUPPORT	144,900.	WIRE TRANSFER			
(3)			EUROPE/ICELAND/GREENLAND	PEER SUPPORT	144,900.	WIRE TRANSFER			
(4)									
(5)									
(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. ☐ 3.

3 Enter total number of other organizations or entities ☐

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)							

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, Information 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) 2011

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; amounts of investments vs. expenditures per region); 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

PEERS FOR PROGRESS - IS A PROGRAM THAT PROMOTES PEER SUPPORT IN CHRONIC ILLNESS SUCH AS DIABETES. IN SUPPORT OF THESE GOALS, RESEARCH GRANTS ARE AWARDED. PEERS FOR PROGRESS (PFP) REQUIRES EACH OF ITS GRANTEEES 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.

Department of the Treasury
Internal Revenue Service

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.

2011

Open to Public Inspection

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

44-6013671

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.

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

- 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.

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 VIP BENEFIT (event type)	(b) Event #2 MINI AUCTION (event type)	(c) Other Events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28,900.	20,250.	10,005.	59,155.
	2 Less: Charitable contributions	14,525.	20,250.	10,005.	44,780.
	3 Gross income (line 1 minus line 2).	14,375.		0	14,375.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,786.			13,786.
	8 Entertainment				
	9 Other direct expenses	4,660.	10,693.	4,183.	19,536.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(33,322.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-18,947.

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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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
Name of the organization

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

2011

Open to Public
Inspection

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. ☒ Yes ☐ No

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)	AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66209	44-0536051	501(C)(6)	1,178,536.				VAR PROGRAM SUPPORT
(2)	INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD	95-3949646	501(C)(3)	42,002.				DISASTER RELIEF
(3)	HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE OLATHE, KS 66062	48-1108359	501(C)(3)	26,820.				ORPHANS, HAITI RELIEF
(4)	HENRY M JACKSON FDN FOR ADV OF MILITARY MED 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1317896	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(5)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(6)	THE COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON, PA 18509	26-0812968	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(7)	GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRANT BLANC, MI 48439	38-3591148	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(8)	LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 W. CARSON ST. TORRANCE, CA 90502	95-2138184	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(9)	MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102	01-0238552	501(C)(3)	7,500.				VISITING PRO FESSORSHIP
(10)	BOARD OF TRUSTEES OF SO IL UNIVERSITY 801 N RUTLEDGE ST SPRINGFIELD, IL 62702	37-6005961	GOV/EDUC INST	6,000.				IMMUNIZATION AWARDS PROGRAM
(11)	BATON ROUGE GENERAL FAMILY MEDICINE RESIDEN 3801 NORTH BLVD BATON ROUGE, LA 70806	72-1025107	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(12)	THE BROOKLYN HOSPITAL CENTER FAMILY MED DEP 121 DEKALB AVE BROOKLYN, NY 11201	11-1630755	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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

2011

**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

- 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
- 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)	FAIRFAX FAMILY PRACTICE CENTERS, P.C. 12011 LEE JACKSON HWY FAIRFAX, VA 22033	54-2029018	CORP	11,000.				IMMUNIZATION AWARDS PROGRAM
(2)	PROVIDENCE HOSPITAL DEPT OF FAMILY MEDICINE 4151 BLADENBERG RD COLMAR MANOR, MD 20722	53-0196636	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(3)	LSU HEALTH SCIENCES FDN FOR ALEXANDRIA 821 ELLIOT ST ALEXANDRIA, LA 71301	72-1402222	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(4)	MIDDLESEX HOSPITAL 90 S MAIN ST MIDDLETOWN, CT 06457	06-0646718	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(5)	THE OHIO STATE UNIVERSITY DEPT OF FAMILY ME 2231 N HIGH ST COLUMBUS, OH 43201	31-6025986	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(6)	PROVIDENCE MILWAUKIE HOSPITAL "FOR PROVIDEN 10330 SE 32ND ST MILWAUKIE, OR 97222	93-0924302	501(C)(3)	6,000.				IMMUNIZATION AWARDS PROGRAM
(7)	SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT SALINA, KS 67401	48-0858197	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(8)	SCRIPPS MERCY HOSPITAL CHULA VISTA 499 H ST CHULA VISTA, CA 91910	95-1684089	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(9)	ST. MARK'S FAMILY MEDICINE RESIDENCY 1250 E 3900 ST SALT LAKE CITY, UT 84124	87-0617263	501(C)(3)	6,000.				IMMUNIZATION AWARDS PROGRAM
(10)	ST. VINCENT'S FAMILY MEDICINE RESIDENCY PRO 2627 RIVERSIDE AVE JACKSONVILLE, FL 32204	59-0624449	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(11)	USC FAMILY MEDICINE 1400 S GRANT AVE LOS ANGELES, CA 90015	95-4540991	501(C)(3)	6,000.				IMMUNIZATION AWARDS PROGRAM
(12)	UNIVERSITY OF TX HEALTH SCIENCES CENTER-SAN 522 STONEWOOD ST SAN ANTONIO, TX 78216	74-1586031	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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PAGE 46

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

Open to Public
Inspection

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. ☐ Yes ☒ No

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)	KU ENDOWMENT ASSOCIATION 800 N HILLSIDE WICHITA, KS 67214	48-0547734	501(C)(3)	11,000.				IMMUNIZATION AWARDS PROGRAM
(2)	CALIFORNIA AFF 1520 PACIFIC AVE SAN FRANCISCO, CA 94109	94-1149565	501(C)(6)	12,000.				CAPP RESIDENT LEADER CONSORTIUM
(3)	FAMILY HEALTH FOUNDATION OF ILLINOIS 4756 MAIN ST LISLE, IL 60532	36-3453953	501(C)(3)	9,500.				PRACTICE IMPROVEMENT NETWORK
(4)	KANSAS AFF FOUNDATION 7570 W. 121ST ST N WICHITA, KS 67205	48-0572261	501(C)(3)	8,750.				PCMH PERSPECTIVE, FACES OF FAM MEDICIN
(5)	LOUISIANA AFF 919 TARA BLVD BATON ROUGE, LA 70806-7820	72-0474962	501(C)(6)	8,250.				LOUISIANA FAMILY MED STUD & RESIDENT CONF
(6)	MINNESOTA AFF FOUNDATION 600 HWY 169 S ST LOUIS PARK, MN 55426	36-3611238	501(C)(3)	14,000.				FAMILY MEDICINE MATTERS
(7)	NEW YORK STATE AFF 260 OSBORNE RD LOUNDOVILLE, NY 12211	15-0524107	501(C)(6)	6,250.				ENHANCING COLLABORAT FAM PHYS & SPECIALST
(8)	OHIO AFF FOUNDATION 4075 N HIGH ST COLUMBUS, OH 43214	31-1191776	501(C)(3)	7,500.				SEARCH-ENHANCED MD PRECEPTORSHIP PRO
(9)	TEXAS AFF 12012 TECHNOLOGY BLVD AUSTIN, TX 78727	74-1109411	501(C)(6)	9,500.				TEXAS CONFERENCE OF FAM RESIDENTS & STUD
(10)	GREATER LAWRENCE FAMILY HEALTH CENTER INC. 34 HAVERHILL ST LAWRENCE, MA 01841	04-2708824	501(C)(3)	26,489.				RESEARCH GRANT
(11)	UNIVERSITY OF VERMONT & STATE AGRICULTURAL 28 CENTRE DR MILTON, VT 05468	03-0179440	501(C)(3)	29,974.				RESEARCH GRANT
(12)	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N. WORCESTER, MA 01655	04-3167352	GOVT/EDUC INST	46,915.				RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐

3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

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**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

2011

**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)	THE OHIO STATE UNIVERSITY OFFICE OF SPONSOR 456 W 10TH AVE COLUMBUS, OH 43210	31-6025986	GOVT/EDUC INST	50,000.				RESEARCH GRANT
(2)	UNIVERSITY OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221	31-6000989	GOVT/EDUC INST	7,420.				RESEARCH GRANT
(3)	DESERTNET (AZ PRIMARY CARE PB) 2927 N. 7TH AVE PHOENIX, AZ 85013	86-0096787	501(C) (3)	7,265.				RESEARCH GRANT
(4)	VIRTUA FAMILY MEDICINE RESIDENCY 2225 EVESHAM RD VOORHEES, NJ 08043	27-1348772	501(C) (3)	7,500.				RESEARCH GRANT
(5)	MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN B114 CLINICAL CENTER SVC RD	38-6005984	501(C) (3)	7,500.				RESEARCH GRANT
(6)	SPACE COAST VOLUNTEERS IN MEDICINE CLINIC 250 W. TOWNE PL TITUSVILLE, FL 32796	27-2135914	501(C) (3)	25,000.				FAM MEDICINE CARES GRANT-EHR SYSTEM
(7)	BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICI 132 BLUFFTON RD BLUFFTON, SC 29910	32-0298086	501(C) (3)	5,062.				FAMILY MED CARES GRANT-EHR SYSTEM
(8)	SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDAT 5250 CAMPANILE DR SAN DIEGO, CA 92182	95-6042721	PUBL UNIVERSITY	144,900.				PEER SUPPORT RESEARC IN DIABETES
(9)	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 1655 FOLSOM ST SAN FRANCISCO, CA 94113	93-6036493	PUBL UNIVERSITY	144,900.				PEER SUPPORT RESEARC IN DIABETES
(10)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S BIRMINGHAM, AL 35294	63-6005396	PUBL UNIVERSITY	144,900.				PEER SUPPORT RESEARC IN DIABETES
(11)	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL 3033 S STATE ST ANN ARBOR, MI 49109	38-6006309	PUBL UNIVERSITY	144,900.				PEER SUPPORT RESEARC IN DIABETES
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37.

3 Enter total number of other organizations listed in the line 1 table 10.

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

Schedule I (Form 990) (2011)

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	2.	1,182.			
2 SCIENTIFIC ASSEMBLY FELLOWSHIP AWARDS	1.	1,000.			
3 TEACHER DEVELOPMENT AWARDS	16.	32,000.			
4 STERN LECTURESHIP	1.	1,500.			
5 CHFM FELLOWSHIP	1.	1,440.			
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I PART I LINE 2

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

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

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

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

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.

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

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 APPROVED BY AAFP FOUNDATION BOARD OF TRUSTEES. DISBURSEMENT OF THE MONETARY AWARD IS MADE UPON ANNOUNCEMENT OF THE

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

AWARDS.

PFIZER TEACHER DEVELOPMENT AWARDS - IS A COMPETITIVE AWARD PROGRAM AVAILABLE ONLY TO NEW, COMMUNITY-BASED FAMILY PHYSICIANS (GRADUATES FROM AN ACME-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

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

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

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

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 REPAYED TO THE FOUNDATION.

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

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 AAFF
FOUNDATION RESEARCH COMMITTEE (RC). FINAL APPROVAL IS GIVEN BY THE

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

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 PROMOTES PEER SUPPORT IN CHRONIC ILLNESS SUCH AS DIABETES. IN SUPPORT OF THESE GOALS, RESEARCH GRANTS ARE

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

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.

FAMILY MEDICINE CARES - LAUNCHED IN 2011, THIS HUMANITARIAN PROGRAM IS HELPING TO ESTABLISH NEW FREE CLINICS TO CARE FOR THE UNINSURED IN AREAS

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

OF NEED ACROSS THE U.S. GRANTS ARE PROVIDED TO NEW CLINICS FOR THE PURCHASE OF TANGIBLE ITEMS- SUCH AS EXAM TABLES, EHR SYSTEMS AND MEDICAL EQUIPMENT- NEEDED TO OPEN THEIR DOORS. FAMILY MEDICINE CARES ALSO GIVES AAFP MEMBERS, RESIDENTS AND STUDENTS THE OPPORTUNITY TO VOLUNTEER THEIR TIME AND TALENTS. GRANT AWARDS ARE FOR AS MUCH AS \$25,000. GRANTS ARE APPLIED FOR ON A ROLLING BASIS. THE PROPOSALS ARE REVIEWED AND GRANTS AWARDED BY THE FAMILY MEDICINE CARES USA STEERING COMMITTEE. THE SELECTIONS ARE THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL. FUNDS ARE DISTRIBUTED ON A 80%-20% BASIS. THE INITIAL 80% IS DISTRIBUTED UPON RECEIPT OF THE FREE CLINIC'S SIGNED APPLICANT AGREEMENT AND THE

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

SUBSTITUTE W-9 FORM. THE FINAL 20% DISTRIBUTION IS ALLOCATED UPON RECEIPT OF THE GRANT FUND RECONCILIATION FORM DOCUMENTING THE USE OF THE FAMILY MEDICINE CARES GRANT FUNDS AND RECEIPTS FOR EXPENDITURES.

**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

2011

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	X
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p>	5b	X
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p>	6b	X
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p>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</p>	7	X
<p>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</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG M. DOANE	(i)	0	0	27,105.	31,148.	282,319.	
	(ii)	216,825.	4,566.				
2 DOUGLAS HENLEY, M.D.	(i)	0	0	29,400.	69,525.	647,383.	
	(ii)	480,187.	52,596.				
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)						

Part III Supplemental Information

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

PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVES AND KEY EMPLOYEES

SCHEDULE J PART I LINE 3

THE ACADEMY HAS A POLICY ON THE PROCESS FOR DETERMINING EXECUTIVE

COMPENSATION. THE POLICY COVERS THE EXECUTIVE VICE PRESIDENT, OFFICERS

OF THE ORGANIZATION, AND KEY EMPLOYEES OF THE ORGANIZATION. IT CONTAINS

A SEPARATE REVIEW AND APPROVAL PROCESS, USE OF DATA AS TO COMPARABLE

COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR

EACH PERSON COVERED BY THE POLICY.

PERIODICALLY, THE HR STAFF REVIEW CURRENT MARKET COMPENSATION DATA ABOUT

SIMILAR POSITIONS IN THE RELEVANT GEOGRAPHIC AREA. BASED ON THE MOST

RECENT ANALYSIS, THE HR STAFF BELIEVE THAT THE COMPENSATION LEVEL IS

APPROPRIATE FOR THE POSITION.

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

2011

**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.

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PROVIDING A COPY OF THE POLICY TO ALL BOARD TRUSTEES, OFFICERS, MEMBER REPRESENTATIVES AND EMPLOYEES. THE ABOVE INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT STATEMENT AND THE ANNUAL DISCLOSURE INFORMATION FORM. IF THE BOARD DETERMINES THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE PERSONAL OR PRIVATE INTEREST OR ENGAGED IN A PROHIBITED ACTION, THE BOARD MAY DO ONE OR MORE OF THE FOLLOWING: COUNSEL THE INTERESTED PERSON, EXCLUDE THE INTERESTED PERSON FROM FURTHER DISCUSSIONS AND VOTING ON THE MATTER, AND SUCH OTHER ACTIONS NOT INCONSISTENT WITH THE FOUNDATION BYLAWS AND AS DETERMINED BY THE BOARD.

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), THE EXTERNAL CPA WILL FACILITATE A DISCUSSION OF THE 990 TAX RETURN WITH THE AUDIT COMMITTEE AND ADDRESS QUESTIONS. 4) WHEN THE DISCUSSION IS OVER, THE AUDIT COMMITTEE MEMBERS WILL VOTE TO MAKE A RECOMMENDATION TO THE BOARD TO

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

APPROVE THE 990 TAX RETURN. 5) THE 990 TAX RETURN WILL THEN BE SENT TO THE FULL BOARD (OR THE 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 DECREASE IN NET ASSETS OF \$396,863 REPRESENTS UNREALIZED LOSSES ON INVESTMENTS.

MEMBERSHIP INFORMATION

FORM 990 PART VI SECTION A QUESTIONS 6, 7A AND 7B

QUESTION 6: THERE FOUNDATION HAS THREE CLASSES OF MEMBERS. THE MEMBERS CONSIST OF VOTING MEMBERS, NON-VOTING CORPORATE MEMBERS, AND NON-VOTING INDIVIDUAL MEMBERS.

QUESTION 7A: THE PRINCIPAL DUTIES OF THE VOTING MEMBERS ARE TO ELECT EACH YEAR NEW TRUSTEES TO REPLACE THOSE TRUSTEES OF THE FOUNDATION WHOSE TERMS EXPIRE.

QUESTION 7B: THE BYLAWS MAY BE AMENDED BY THE VOTING MEMBERS OF THE

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

FOUNDATION.

ATTACHMENT 1FORM 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 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
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
WANDA D. FILER, MD	
BOARD MEMBER	9.00
RONALD E. CHRISTENSEN, M.D.	
BOARD MEMBER	1.00
ROBERT C.M. BOURNE, M.D.	
BOARD MEMBER	1.00
DOUGLAS HENLEY, M.D.	
BOARD MEMBER	39.00
EVELYN L. LEWIS & CLARK, M.D, M.A.	
BOARD MEMBER	1.00
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

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB #1350 CHAPEL HILL, NC 27514	PROJECT MANAGEMENT	372,654.
AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	ADMINISTRATIVE &MGMT	1,461,628.
TOTAL COMPENSATION		<u>1,834,282.</u>

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	238,083.			238,083.
CHANGE IN VALUE OF SPLIT-INTEREST AGR	-4,001.			-4,001.
EARNINGS OF SUBSIDIARY AAFP INSURANCE	943,637.			943,637.
TOTALS	<u>1,177,719.</u>			<u>1,177,719.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
VIP BENEFIT	14,525.
MINI AUCTION	20,250.
OTHER	10,005.
TOTAL	<u>44,780.</u>

Name of the organization	Employer identification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT	44-6013671
<u>ATTACHMENT 6</u>	

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
VIP BENEFIT	14,375.	18,446.	-4,071.
MINI AUCTION		10,693.	-10,693.
OTHER		4,183.	-4,183.
TOTALS	<u>14,375.</u>	<u>33,322.</u>	<u>-18,947.</u>

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	150,367.
TOTALS	<u>150,367.</u>

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
COMMON AND PREFERRED STOCK	5,639,017.	FMV
CORPORATE BONDS	1,373,115.	FMV
EQUITY FUNDS	698,734.	FMV
FIXED INCOME FUNDS	36,285.	FMV
GOLD FUND	462,810.	FMV
TREASURY AND AGENCY OBLIGATNS	1,110,481.	FMV

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

ATTACHMENT 8 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN POOLED FUNDS AT THE ACADEMY	798,593.	FMV
TOTALS	<u>10,119,035.</u>	

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

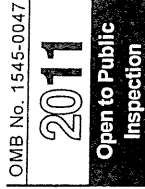
Related Organizations and Unrelated Partnerships

- ▶ 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



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

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501 (C) (6)		N/A	Yes No X
(2) -----						
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

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

Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AAPF INSURANCE SERVICES 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66207 43-1226253	INSURANCE ADM	KS	AAPF FOUNDATION C CORP		943,637.	4,830,986.	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		Yes No	
a		Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	
b		Gift, grant, or capital contribution to related organization(s)	
c		Gift, grant, or capital contribution from related organization(s)	
d		Loans or loan guarantees to or for related organization(s)	
e		Loans or loan guarantees by related organization(s)	
f		Sale of assets to related organization(s)	
g		Purchase of assets from related organization(s)	
h		Exchange of assets with related organization(s)	
i		Lease of facilities, equipment, or other assets to related organization(s)	
j		Lease of facilities, equipment, or other assets from related organization(s)	
k		Performance of services or membership or fundraising solicitations for related organization(s)	
l		Performance of services or membership or fundraising solicitations by related organization(s)	
m		Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
n		Sharing of paid employees with related organization(s)	
o		Reimbursement paid to related organization(s) for expenses	
p		Reimbursement paid by related organization(s) for expenses	
q		Other transfer of cash or property to related organization(s)	
r		Other transfer of cash or property from related 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.	

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	1,178,536.	CASH PAID
(2) AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	329,005.	CASH RECEIVED
(3) AMERICAN ACADEMY OF FAMILY PHYSICIANS	O	1,721,067.	CASH PAID
(4) AAFP INSURANCE SERVICES	R	1,006,000.	CASH RECEIVED
(5)			
(6)			

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Part VII**Supplemental Information**

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