Form	9	9	0

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

	7
2012	

A DE LOS AND A DE LOS AND	-
Open to Publi	C
Inspection	i.

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

<u>A</u>	For t	the 2012 calendar year, or tax year beginning , 2012, and	ending		, 2	
D		C Name of organization		D Employer ic	dentification nu	mber
D		applicable: AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT(ON	44-601	.3671	
	Add					
	Nam	me change Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone r	lumber	
	Initia	ial return 11400 TOMAHAWK CREEK PARKWAY, SUITE 430 43	30	(913) 90	6-6000	
	Tern	minated City, town or post office, state, and ZIP code				
	Ame	ended LEAWOOD, KS 66211	CHED	G Gross receip	ots \$8	,472,617.
	Appl	F Name and address of principal officer: CRAIG M DOANE		H(a) Is this a gro	up return for	Yes X No
	penc	11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	<u>i</u>	affiliates? H(b) Are all affilia	ates included?	Yes No
ī	Tax-ex	exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	and a second	ich a list. (see instru	
J	Webs	site: NWW.AAFPFOUNDATION.ORG	- 1923	H(c) Group exem	notion number	•
ĸ	20000000		Year of format	ion: 1958 M		and the second sec
D	artl		rear or format		otate of legal d	onnene
1.0	1		3+(1+r),			
	1	Briefly describe the organization's mission or most significant activities: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	N ADVANC	ES THE		
ce		VALUE OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN,				
Governance		SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF AN				
ver						
		Check this box Check this box			1	20.
s S	3	Number of voting members of the governing body (Part VI, line 1a)			3	19.
itie	4	Number of independent voting members of the governing body (Part VI, line 1b)				
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			1.1227	105
Ac		Total number of volunteers (estimate if necessary)			6	125.
		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				0
		PUBLIC		Prior Year		rrent Year
e	8	Contributions and grants (Part VIII, line 1h) INSPECTION		5,420,6	16. 5	,640,662.
Revenue	9	Program service revenue (Part VIII line 20)			0	0
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,260,03	and the second sec	,618,471.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,94		-48,710.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,661,68	38. 7	,210,423.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,857,62	22. 2	,422,575.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
s	15	Coloris and the second se		28,42	25.	28,275.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 783, 445.			0	0
bei	b	Total fundraising expenses (Part IX, column (D), line 25) ► 783, 445.	· · ·			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,008,44	43. 4	,018,326.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,894,49		,469,176.
	12112	Revenue less expenses. Subtract line 18 from line 12		767,19		741,247.
L Sa				ning of Current Y		d of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		21,347,99		,749,780.
Ass	20	Total liabilities (Part X, line 26)	· · ·	7,378,52	and the second	,365,876.
und	22	Net assets or fund balances. Subtract line 21 from line 20.	· · ·	13,969,47	Charles and the second s	,383,904.
	rt II	Signature Block	•••	10/000/1		
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and	l statements ar	nd to the hest of	my knowledge	and helief it is
true	e, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which prepare	arer has any kn	owledge.	Iny knowledge	and benet, it is
		I.X. Alle		VI.	110/13	/
Sig	n	Signature of officer		Date	fishs	
He		Craig Deane. Executive Director				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature Date			PTIN	
Paid	ł		114/12	Check	10	640074
Pre	parer	STANLEY H. HOUSE Jon form	1110	self-employe	the second se	642974
1.	Only	Firm's name FOUSE PARK DOBRATZ & WIEBLER, P.C.			43-15622	
		Firm's address 🕨 605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112		Phone no.	816-931-	
		IRS discuss this return with the preparer shown above? (see instructions)				res No
	Paper	erwork Reduction Act Notice, see the separate instructions.			For	m 990 (2012)
JSA 2E10	010 1.00	00				
	5.	1P1ZD K501 6/14/2013 1:57:28 PM	700			PAGE

(Rev. January 2013)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

►

►	File a	a separate	application	for each r	eturn.
---	--------	------------	-------------	------------	--------

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• 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*.

Part I 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.

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

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	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 ▶ BRENDA GASTON

Т	elephone 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	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is								
	the whole group, check this box If it is for part of the group, check this box		and attach						
	t 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 , 20 13 , to file the exempt organization return for the organization named at	ove	e. The extension is						
	for the organization's return for:								
	► X calendar year 2012 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 Final return Change in accounting period	١							
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	\$						
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	\$						
С	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	\$						
Cau	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	pay	yment instructions.						
For	Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Forr	m 8868 (Rev. 1-2013)						

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

-	6	0	1	3	6	7	1		

Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III 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. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	
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. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X N
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. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	X N
VALUES OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL, AND SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X N
SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.	X N
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. Describe these changes on Schedule O. Yes If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:	X N
prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	X N
prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	X N
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	sured
Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$	
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)
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	,
ORGANIZATIONS, SUPPORT EDUCATIONAL SEMINARS AND COMPETITIVE AWARDS TO FAMILY PHYSICIANS AND RESIDENCY PROGRAMS FOR IMPROVING HEALTH	
ORGANIZATIONS, SUPPORT EDUCATIONAL SEMINARS AND COMPETITIVE AWARDS TO FAMILY PHYSICIANS AND RESIDENCY PROGRAMS FOR IMPROVING HEALTH	
TO FAMILY PHYSICIANS AND RESIDENCY PROGRAMS FOR IMPROVING HEALTH	
o (Code:) (Expenses \$)
Code:) (Expenses \$i,990,471 including grants of \$637,979) (Revenue \$ PEERS FOR PROGRESS EVALUATES, DEMONSTRATES AND PROMOTES PEER)
SUPPORT FOR DIABETES MANAGEMENT AROUND THE WORLD.	
d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)	
e Total program service expenses ► 5,119,998.	
A Form 9 9	
51P1ZD K501 6/14/2013 11:14:13 AM 700	90 (20

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

Part IV Checklist of Required Schedules ves No. 1 Is the organization described in section 501(c)(3) or 497/(a)(1) (other than a private foundation? // */**.* 1 x 2 Is the organization enguged to complete Schedule 6, Schedule 0 Combutos (see instructions)? 2 x 3 Did the organization enguged in idenci or indicent optical company anatolities on behall of or in opposition to condidates for public office? // */ss.* complete Schedule 0, C. Part I 3 x 4 Section 501(c)(4) organization engogin in bobying activities on behall of or in opposition to condidates for public office? // */ss.* complete Schedule 0, C. Part I 4 x 5 Is the organization maintain any down advised funds or accounts for which downs have the right to provide advice on the distribution or investment of amounts in such funds or accounts? /f */*s.* 5 x 7 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // *cs.* 8 x 9 Did the organization report an amount for investments? // */ss.* complete Schedule D, Part /. 8 x 9 Did the organization report an amount for investments? /f */ss.* complete Schedule D, Part V. 10 x 9 Did the organization report an amount for investimenta-organization, hold asse	-	990 (2012)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A. 1 X 2 X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in telect during that taxyearl II "res." complete Schedule C. Part II. 4 X 5 Is the organization requires of the accessment of the organization tax each in the taxyearl II "res." complete Schedule C. Part II. 5 X 6 X If "res." complete Schedule C. Part I. 5 X 7 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors the environment, historic laterascove, any order or catolial account liability, serve as a custodian for amounts not listed in Part X. Inte 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X. Inte 21, for secrow or custodial account liability, serve as a custodian for amounts or listed in Part X. Inte 21, for secrow are conplete Schedule D, Part V. 10	Part	IV Checklist of Required Schedules			
complete Schedule A 1 1 x 2 15 the organization engage in direct or indirect political campaign activities on behall of or in opposition to candidate for public offices Schedule C, Part I. 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) effection in effect during the tax year II "Yes," complete Schedule C, Part I. 4 x 5 Is the organization asection 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? II "Yes," complete Schedule C, Part II. 4 x 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II. 6 x 10 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part V. 7 x 10 Did the organization receive to any dim Part X, line 21 for escrow or custodial account liability, serve as a custodian for amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V. 9 x 10 Did the organization report an amount for investment-s-other securities in Part X, line 10? II "Yes," complete Schedule D				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Cantibutors (see instructions)? 2 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. 3 X 4 Section 501(c)(3) organizations. But the organization engage in lobbying activities, on have a section 501(b) 4 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 91-19? If Yes, "complete Schedule C. Fart II. 5 X 7 Did the organization maintain any done 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 II. 6 X 7 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If Yes, "complete Schedule D, Part II. 8 X 9 Did the organization reports an amount in Part X, line 21, for escrow or susoidal account liability, serve as a custodial nor amounts not listed in Part X, or provide critic unselleng, debt management, credit repair, or debt neganization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments. "If Yes, "complete Schedule D, Part V. 9 X	1				
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. 3 X. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in affect during the tax year' If "Yes," complete Schedule C, Part I. 4 X Section 501(c)(4). Soft (c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes," complete Schedule C, Part I. 5 X 4 Did the organization reserve 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. 6 X 5 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. 7 X 9 Did the organization receive or hold a conservation easement, including easement	-				
candidates for public office? // "Yes," completes Schedule C, Part I 3 X 4 Section 501(q)3 or ganizations. Did the organization angage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(14), 501(c)(5), or 501(c)(6) or 501(c)(16) or 501(c)(7), examplete Schedule C, Part II 4 X 5 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 5 X 7 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 7 X 8 Z Did the organization maintain collections of works of art, historical treesures, Schedule D, Part I 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repart, or debt negotiation endowments, or quasi-nodwments? If "Yes," complete Schedule D, Part V 9 X. 10 Did the organization report an amount for investments- ther securities in Part X, line 102 If "Yes," or more of its total assets reported in Part X, line 102 If "Yes," complete Schedule D, Part			2	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 // 1*/yes, complete Schedule C, Part //. 4 x. 5 is the organization assection 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? // */yes, "complete Schedule C, Part /// 5 X. 6 Did the organization receives or hold a conservation easement, including easements to preserve open space. 7 X. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X. 8 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X. 9 Did the organization favor target is the first X, for provide credit counseling, delt management, credit repair, or debt neganization favor any not listed in Part X, line 21, for escrow or custodial account liability serve as a custodian for amounts not listed in Part X, incle 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, incle 21, for escrew or custodial account liability. 8 X. 10 Did the organization favor amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V. 10 X. 11 If the organization report an amount for investments-	3		2		v
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section 5011(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 II 5 X 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 II. 7 X 7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historical tracesures, If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical tracesures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization rendowments, or quasi-endowments? If "ws," complete Schedule D, Part II. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? II "ws," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments-other securities in Part X, line 13 that is 5%, or more of its total assets reported in Pa	4		3		Λ
5 Is the organization a section 501(c)(4), 501(c)(4), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38-19? // "Yes," complete Schedule C, Part //	4		4		x
assessments, or similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part II 5 x. bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advelue 0. Part I. 6 x. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fistructures? If 'Yes,' complete Schedule D, Part II. 7 X. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonizations answer to any of the following questions is "Yes," then complete Schedule D, Part V. 9 X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part V. 10 X. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part V. 11 X. 12 Did the organization report an amount for lands. Duildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part VI. 10 X. 13 Did the organization report an amount for lands. Duildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part VI. 11 X. 14 Did the organization report an amount for investments-other securites in Part X, line 12? II 'Yes," complete Schedule D, Part X.	5		-		
Part III 5 X 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 "%s," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical access, or historic structures? If "%s," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 12, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 12, for escrew or custodial account liability; serve as a custodian lasests reported in forently, or ganization, fold assets in temporarily restricted endowments; for "res," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VI 10 X 11 Did the organization report an amount for investments-order socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167. If "Yes," completes Schedule D, Part X 110 X	J				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advector on the distribution or investment of amounts in such funds or accounts? If "res", complete Schedule D, Part II. 7 8 7 8 7 7 7 8 7 7 8 8 7 7 8 8 7 8 9 10 10 11 12 11 11			5		х
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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. 7 x. 8 Did the organization maintain collections of works of art, historical treasures, or orbit similar assets? If "Yes," 8 x. 9 Did the organization apport an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 8 x. 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 x. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 11a x. 12 Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a x. 11 Did the organization report an amount for other lasbild billings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11a x. 11 Did the organization account for other lasbild billings. Part X, line 15? If "Yes," complete Sc	6				
**** **** **** **** ***** ****** ************************************	·				
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. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for linvestments of the sective in Part X, line 10P, If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10P, If "Yes," complete Schedule D, Part V 11 11 X 12 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 VI 11 11 X 13 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 X 14 X 11 X 11 X 11 X 1			6		Х
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine role that X, line 12, to rescrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine role that management, credit repair, or debt neganization, services? If "Yes," complete Schedule D, Part VI. 9 X 10 Did the organization, aniver to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 11 If 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 VI. 114 X 11 Did the organization report an amount for investments-other securities 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 VI. 116 X 11 Did the organization report an amount for investments-other securities 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 VII. 116 X 11 Did the organization separate or consolidated financial statements for the tax year? If "Yes,"	7				
 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization port an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment 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 VI 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 VI c Did the organization report an amount for other statements for the tax year include a footnote that addresses the organization separt an amount for other statements for the tax year include a footnote that addresses the organization separt an amount for other FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 Z 111 L Z 112 Did the organization separt an amount for other FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 114 L X 116 L X 116 L X 117 L X 118 the organization included in consolidated financial statements for the tax year? If "Yes," and II the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 118 the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 119 L X 120 bid the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 12			7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts on listed in Part X; or provide credit counseling, debt management, credit repair, or debt neoglicitation services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VII, X, or X as applicable. 11 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 X 13 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. 11 X 14 X Did the organization report an amount for other lassets 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 XI 11 X 114 X Did the organization isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 114 X 115 Did the organization incubda in consolidated, independent audited financ	8				
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 V. 9 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. 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 X 13 Did the organization report an amount for investments-other securities 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 VII. 11 X 14 X 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 VIII. 116 X 111 X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 114 X 112 Did the organization achool described in section 170(b)(1)(A(ii)? If "Yes," complete Schedule D, Part X 111 X 114 X 114 X		complete Schedule D, Part III	8		Х
debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 X 13 Did the organization report an amount for investments-order 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. 116 X 14 Did the organization report an amount for other isastes 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 VII. 116 X 15 Did the organization separate or consolidated financial statements for the tax year? If "Yes," and If the organization separate, independent audited financial statements for the tax year? If "Yes," and II the organization school description schoole D, Part XI 120 X 14 Did the organization neutral an office, employees, or agenets outside the United States? If "Yes," complete Schedule D, Part X 111 X 111 X <td< th=""><td>9</td><td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a</td><td></td><td></td><td></td></td<>	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
 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 11 If the organization's answer to any of the following questions is "yes," then complete Schedule D, Part VI, VII, IX, or X as applicable. a Did the organization report an amount for investments-other securities in Part X, line 10? If "yes," complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VII. b Did the organization report an amount for other tassets 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 VII. c Did the organization report an amount for other liabilities in Part X, line 15? If "yes," complete Schedule D, Part X c Did the organization separate or consolidated financial statements for the tax year? If "yes," and if the organization include in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization negort on Part X. Independent audited financial statements for the tax year? If "Yes," and if the organization negort on Part X. Independent audited financial statements for the tax year? If "Yes," and if the organization negort on Part X. Column (A), line 3, more than \$5,000 of gargets greats or assistance to any organization report on Part X. 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 I and IV. 12a X 13a bat he organization report on Part X. 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 I and IV. 14b X<!--</th--><td></td><td>custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or</td><td></td><td></td><td></td>		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, X, or Xa as paplicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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. 11b X c 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 VII. 11c X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X e Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Id the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X 11t X 114 X 11d X 11d X 115 Xa If the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11t X <td></td> <td>debt negotiation services? If "Yes," complete Schedule D, Part IV</td> <td>9</td> <td></td> <td>Х</td>		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 11a 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 11b X c 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 VIII, 11c 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 X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization neotidated, independent audited financial statements for the tax year? If "Yes," and If the organization neotidated, independent audited financial statements for the tax year? If "Yes," and If the organization assistence to any or to ine 12a, then completing Schedule D, Part X 12a X 113 X 14a X 14a X b Was the organization neopot a schol described in section	10				
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 11a 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 VI 11b 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 VII 11c 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 VIII 11c X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f) Did the organization otbain separate, independent audited financial statements for the tax year? If "Yes," and If the organization neotron to line 12a, then completing Schedule D, Part X and XII is optional 11d X 12a X 11d X 11d X 13 Is the organization report on amount for other Schedule D, Part X and XII is optional 12b X 13a X 11d X 11d X 14a Did the organization maintain an office, employees, or agents			10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 VI 11b 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 VI 11c 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 VI 11c X e Did the organization separate nonsolidated financial astatements for the tax year include a footnote that addresses the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization on addit in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11t X 12a It the organization neotron and fice, employees, or agents outside of the United States? 11d X 13 Is the organization maintain an office, employees, or agents outside of the United States? 1	11				
complete Schedule D, Part VI 11a 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 VI 11b 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 VII 11c 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 VII 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addressee the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII 12b X 14 a Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 11a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the					
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. 11b 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. 11c 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization separate, independent audited financial statements for the tax year? include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X 11d X 12 a Did the organization maintain an office, employees, or agents outside of the United States? 12b X 14 a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to any 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 II and IV 14b X 15 Did the organization report no Part IX, column (A), line 3, more than	а				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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. 11c 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 X 11c X e Did the organization report an amount for other lasibilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a It X 11e X f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a X 13 Is the organization naintain an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," comple			11a	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. 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 VIII. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization aswerd "No" to line 12a, then completing Schedule D, Part S and XI is optional . 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 14a X b Did the organization neutration an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV . 15 Did the organization report no Part IX, column (A), line 3, more than \$5,000 of gargts or assistance to any organization report atotal of more than \$15,000 of expenses for professional fundraising services on Part X, column (A), line 3, more than \$5,000 of gargt or assistance to any organization report no Part IX, column (A), line 3, more than \$5,000 of gargt or assistance to any organization report atotal of more than \$15,000 of expenses for professional fundraising services on Part X, column (A),	b		446	v	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization maintain an office, employees, or agents outside of the United States?	_		110	A	
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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 11a X b Did the organization neotron Part IX, column (A), line 3, 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 II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization re	С		110		v
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization batin separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization include in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a X 14 a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grants and IV 14b X 15 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 II and IV 15 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 16 X 17 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	h		110		A
 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in separate, independent audited financial statements for the tax year? If "Yes," and If X and XII	a		11d		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	<u>م</u>				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12 a 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 and XII is optional 12 a X 13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14 a X 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14 a X 14 a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VI, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 12, 000 total of fundraising event gross income and contributions on Part VIII, lines 6 and 8a? If "Yes," complete Schedule G, Part II 18 X	•		11f	х	
complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 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 II and IV 16 X 17 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 II and IV	12 a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			12a		Х
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b				
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12b	Х	
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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. 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 II and IV 15 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 II and IV 16 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) 17 X 18 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 II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 15 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 15 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) 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	b				
 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>					
organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 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 16 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) 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		-	14b	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 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) 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 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 II 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	15				
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 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) 17 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 18 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 II 18 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			15	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	16				37
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 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 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	4-	•	16		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? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	17		47		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	40		17		
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 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	18		10	v	
If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		10	Λ	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		10		x
	20 -				

Form	990 (2012)		F	Page 4
Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b				
~	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
51	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
02	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b		000		
5	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 23	
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Х	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
о 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	ษม		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA 040 1.0	00	Form	990	(2012)

Form	990	(201	2)

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

44-6013671 Page 6

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in Check if Schedule O contains a response to any question in this Part VI	struct	tions.	No'
Sect	ion 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.			
iu	If there are 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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	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	12b	х	
_	rise to conflicts?	120	- 21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
40	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
a b	Other officers or key employees of the organization	15b		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
D	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		
Sect	ion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed <pre>ATTACHMENT 1</pre>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5		(3) = 0	nlv)
.0	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>	5,000		,
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	rest r	olicy
13	and financial statements available to the public during the tax year.		cor þ	Joney,
20	State the name, physical address, and telephone number of the nerven who necessary the backs and records of the			

 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ BRENDA GASTON 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211

 JSA
 F

2E1042 1.000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated amount of
	hours per week (list any					or/trust		compensation from	compensation from related	other
	hours for						, 	the	organizations	compensation
	related	Indivi or dii	nstit	Officer	úey ∈	iighe	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual trustee or director	Institutional trustee	ər	Key employee	est c	er	(W-2/1099-MISC)		and related
	line)	or trus	nal ti		oyee	omp				organizations
		stee	uste			ens				
			ŏ			Highest compensated employee				
(1) MARY JO WELKER, M.D.	8.00									
PRESIDENT	2.00	Х		Х				6,300.	900.	0
(2) CRAIG M. DOANE	20.00									
EXECUTIVE DIRECTOR - NONVOTING	20.00	Х		Х				0	229,232.	57,430.
(3) DENIS E. CHAGNON, M.D.	1.00									
BOARD MEMBER	1.00	Х						450.	600.	0
(4) WANDA D. FILER, MD	1.00	-								
BOARD MEMBER	8.00	Х						0	28,650.	0
(5) KENNETH P. MORITSUGU, M.D.	1.00									
BOARD MEMBER		Х						0	0	0
(6) JANE A. WEIDA, M.D.	2.00	-								
VICE PRESIDENT	2.00	X		Х				6,075.	900.	0
(7) S. HUGHES MELTON, MD	1.00	-								
BOARD MEMBER	1.00	Х						150.	300.	0
(8) JASON E. MARKER, M.D.	2.00									
TREASURER		X		Х				3,825.	0	0
(9) DOUGLAS HENLEY, M.D.	1.00								540 650	
BOARD MEMBER	39.00	X						0	549,673.	95,999.
(10) EVELYN L. LEWIS & CLARK, M.D,	1.00							0 100	0.00	0
BOARD MEMBER	1.00	X						2,400.	900.	0
(11) ANNE W. BERRY, M.A.	1.00	37						0	0	0
BOARD MEMBER	1 00	X						0	0	0
(12) DONALD W. DISTASIO	1.00	x						450.	0	0
BOARD MEMBER	1.00							450.	0	0
(13) MICHELLE F. JONES, M.D. BOARD MEMBER		x						1,500.	0	0
(14) RICHARD F. MADDEN, JR. M.D.	1.00							±,500.	0	0
BOARD MEMBER	8.00	x						0	30,268.	0
	0.00	Λ					I	0	50,200.	Form 990 (2012)
JSA										Form 330 (2012)

Form	aan	(2012)
FUIII	990	(2012)

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	ition more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anization d related anization	k
5) PAMELA BENNETT, RN, BSN BOARD MEMBER	1.00	x						0	0			
6) WILLIAM L. BRUNING, JD, MBA BOARD MEMBER	1.00	x						900.	0			
7) JON D. NORTH, MBA BOARD MEMBER	1.00	x						0	0			
8) DOUGLAS A SPOTTS, M.D. BOARD MEMBER	1.00	x						1,200.	0			
9) DALE C. MOQUIST, M.D. BOARD MEMBER	1.00	x						1,200.	0			
0) KEVIN M. BERNSTEIN, M.D., MMS, BOARD MEMBER	1.00 8.00	x						600.	12,365.			
1) ALISHA ELIZABETH MAULER BOARD MEMBER	1.00	x						450.	0			
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		 		•••			21,150. 4,350.	841,423. 12,365.		53,4	
 d Total (add lines 1b and 1c)	limited to t	hose (liste	d al		e) who	► o re	25,500. ceived more than	853,788. \$100,000 of	1	53,4	29
)								Yes	N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.										3		2
4 For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	pen If	satio	n ai s," (nd other compens complete Schedu	sation from the le J for such			
individual										4	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 Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
A	TACHMENT 2		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization \blacktriangleright 2		
JSA 2E10	55 3.000		Form 990 (2012)

5

Х

Form	990	(201	2

Par	t vii	Check if Schedule O contains a resp	onse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
e Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f:\$_Total. Add lines 1a-1f\$_	<u></u>	5,640,662.			
Program Service Revenue	2a b c d e f g	All other program service revenue		0			
	3 4 5	Investment income (including dividends, int other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	erest, and 3 I proceeds	1,349,156. 0 0			1,349,156.
	6a b c d	Gross rents	· · · · · · · · · •	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities					
ē	c d 8a	Gain or (loss)		269,315.			
Other Revenue		events (not including \$102,415. of contributions reported on line 1c). See Part IV, line 18					
the	b c	Less: direct expenses	b <u>71,460.</u> ATCH 5 ►	-48,710.			
0	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory	b	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c c	All other revenue					
	d e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		7,210,423.			1,349,156.

	ACADEMY OF FAMI	LY PHYSICIANS F	UUNDA'I' 44-60)13671 Page 1(
Part IX Statement of Functional Expenses			no must concelete estim	· (4)
Section 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21	2,152,640.	2,152,640.		
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22	27,935.	27,935.		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	242,000.	242,000.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	28,275.	4,300.	18,775.	5,200.
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	0			
b Legal	15,066.		15 066	
c Accounting	15,000.		15,066.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	71,907.	10,380.	61,527.	
f Investment management fees	71,907.	10,300.	01,527.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 6	3,259,615.	2,448,519.	366,076.	445,020.
(A) amount, list line 11g expenses on Schedule O.) AT CIT O	37,599.	31,735.	500,070.	5,864.
13 Office expenses	8,252.	5,420.	459.	2,373.
14 Information technology	69,657.	43,926.	107.	25,731.
15 Royalties	0	13,7201		207701
	0			
16 Occupancy 17 Travel	150,796.	66,071.	42,104.	42,621.
18 Payments of travel or entertainment expenses			,	,
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	163,781.	10,873.	45,015.	107,893.
20 Interest	0	, ,	· ·	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,147.	236.	848.	14,063.
23 Insurance	7,894.		7,894.	
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	63,314.	21,652.	538.	41,124.
b ANNUAL_REPORT	6,289.	3,145.		3,144.
c ART_& PRINTING	103,022.	40,197.	1,344.	61,481.
d BOOK_ACQUISTIONS, VIDEO_PROD_	4,290.	4,290.		
e All other expenses	41,697.	6,679.	6,087.	28,931.
25 Total functional expenses. Add lines 1 through 24e	6,469,176.	5,119,998.	565,733.	783,445.
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 🕨 🦳 if				
following SOP 98-2 (ASC 958-720)	0			Farm 000 (2012)

JSA 2E1052 1.000

Page 11

Form	990	(2012)	

orm 990 Part X				Page 11
art X	Check if Schedule O contains a response to any question in this Par	+ V		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0	1	(
2	Savings and temporary cash investments	9,257,593.	2	9,603,170.
3	Pledges and grants receivable, net	34,377.	3	36,321.
4	Accounts receivable, net	127,550.	4	152,581.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
		0	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0	6	
Assels	Notes and loans receivable, net	0	7	
8	Inventories for sale or use	0	8	
1 9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 7	150,367.	9	130,099
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 262,068.			
b	Less: accumulated depreciation 10b 237, 372.	39,843.	10c	24,696.
11	Investments - publicly traded securities ATCH 8	10,119,035.	11	11,303,272.
12	Investments - other securities. See Part IV, line 11	1,619,229.	12	1,499,641.
13	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,347,994.	16	22,749,780
17	Accounts payable and accrued expenses	1,140,888.	17	1,762,531
18	Grants payable	321,927.	18	380,434
19	Deferred revenue	5,915,705.	19	5,222,911
20	Tax-exempt bond liabilities	0	20	
ด 21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
22	Loans and other payables to current and former officers, directors,			
21 22 22	trustees, key employees, highest compensated employees, and			
3	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	7,378,520.	26	7,365,876.
27 28 28	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	11,539,798.	27	12,817,122
28	Temporarily restricted net assets	1,028,631.	28	1,035,077
29	Permanently restricted net assets	1,401,045.	29	1,531,705
29 10 10	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 33 33	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	13,969,474.	33	15,383,904.
34	Total liabilities and net assets/fund balances	21,347,994.	34	22,749,780.

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI. 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 7, 210, 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 6, 469, 3 3 741, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 13, 969, 3 5 Net unrealized gains (losses) on investments 5 673, 6 6 0 7 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15, 383, 9 Other changes in net assets or fund balances tend of year. Combine lines 3 through 9 (must equal Part XII 10 10 Net asset or fund balances at end of year. Combine lines 3 through 9 (must equal Part XII 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a <th>Form 9</th> <th>90 (2012)</th> <th></th> <th></th> <th></th> <th>Pa</th> <th>ge 12</th>	Form 9	90 (2012)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 6, 469, 3 Revenue less expenses. Subtract line 2 from line 1 3 741, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 13, 969, 5 Net unrealized gains (losses) on investments 5 673, 6 6 6 7 8 7 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 15, 383, 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 15, 383, 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 15, 383, 9 Other changes in net assets or fund balances (explain in Schedule O) 10 15, 383, 9 Check if Schedule O contains a response to any question in this Part XII 10 15, 383, 1 Accounting method used to prepare the Form 990: </th <th></th> <th>Check if Schedule O contains a response to any question in this Part XI</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response to any question in this Part XI					
3 Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 13,969, 5 Net unrealized gains (losses) on investments 6 6 6 673, 6 7 6 7 8 7 8 Prior period adjustments 7 8 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15, 383, 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15, 383, 9 Other changes in net assets or fund balances (explain in Schedule O) 10 15, 383, 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Yes 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a 16 "Ye	2	Total expenses (must equal Part IX, column (A), line 25)	2				
1 Net unrealized gains (losses) on investments 673, 6 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 11 Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 11 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16 "Yes," check a box below	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 7 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 11 Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 2 1 Accounting method used to prepare the Form 990: 1 2 1 Accounting method used to prepare the Form 990: 2 2 1 4 4 5 5 5 6 7 7 8 8 9 9 1 1 1 1 1 1 2 1 1 2 2 2	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1			
7 Investment expenses	5	Net unrealized gains (losses) on investments	5		6	73,2	
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 15, 383, 10 15, 384, 10 15, 3	6	Donated services and use of facilities	6				0
 9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7				0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8				0
33, column (B)) 15,383, Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Schedule O 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Schedule O Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Schedule O Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Schedule O Yes 2a If the organization's financial statements compiled or reviewed by an independent accountant? 2a Image: Schedule O 2a 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis X C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Image: Construction have a committee that assumes responsibility for oversight	10						
Check if Schedule O contains a response to any question in this Part XII Image: Separate basis 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Dother consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Image: Consolidated basis			10	1	5,3	83,9	904.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Both consolidated and separate basis 2b X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight It is the text of the text of the text of the text of	Part						
 Accounting method used to prepare the Form 990: Cash X Accrual Other_ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Cons			• • •		•••	Vaa	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X	4	Associating method used to property the Form 000: Cook X Association Other		Г		res	NO
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	•		volair				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis 2b b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight In the separate basis In the separate basis			npiali				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im	2a				22		х
 reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 			npiled	lor	20		
Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X 1 Separate basis X Consolidated basis Both consolidated and separate basis 1 1 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X 1 1		· · · · · · · · · · · · · · · · · · ·					
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Image: Consolidated basis							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	h				2b	Х	
separate basis, consolidated basis, or both: Separate basis Image: Consolidated basis <t< th=""><td>D D</td><td></td><th></th><th></th><td></td><td></td><td></td></t<>	D D						
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Image: Committee that assumes responsibility for oversight							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	с		sight				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		of the audit, review, or compilation of its financial statements and selection of an independent accou	•	,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in							
Schedule O.			•				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
the Single Audit Act and OMB Circular A-133? 3a					3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b			the			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

SCHEDULE A (Form 9

Public Charity Status and Public Support

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

Open to Public Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Employer identification number AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. а X Type I b Type II **c** Type III-Functionally integrated **d** Type III-Non-functionally integrated e X 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (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? 11g(i) Χ (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) ATTACHMENT 1 (B) (C)

For Paperwork Reduction Act Notice, see the Instructions for

(D)

(E)

Total

Form 990 or 990-EZ.

1,723,092.

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

990	or	990-EZ)	

Interna	Revenue Service	
Name	of the organiza	tion

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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).						
$\frac{6}{800}$	Public support. Subtract line 5 from line 4. tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(4) 2000	(0) 2000	(0) 2010	(4) 2011	(0) 2012	
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. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	•	•			1	
14	Public support percentage for 2012 (li		· ·			14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the o						
	this box and stop here . The organization						
b	331/3% support test - 2011. If the o						
47-	check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part IV how the organization meets t						
	organization			-	-		
h	10%-facts-and-circumstances test - 2						and line
N	15 is 10% or more, and if the orga	•	0				
	Explain in Part IV how the organizati						
	supported organization						
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	,
	instructions						

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.)

Calendar year (or fiscal year beginning in) ► (4) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 GBs, parts, contributions, and metaborah free received. (Do not include y functional grants.)		tion A. Public Support		(1) 0000			1-100		(0 T · ·
reserved: 0.construction on divisions.	Cale		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) I otal
2 Coses receipts from admission, meetinandies stat or services performed, to holites understated is have service of holites understated is have services of holites understated is holited on lines 1, 2, and 3 meeting holites understated is holited on lines 1, 2, and 3 meeting holites under the holites understated is holited on lines 1, 2, and 3 meeting holites under the holites under the holites under the holites under the holites of holit	1	, , , , , , , , , , , , , , , , , , ,							
expandation is an activity that is related to the enganization's taxe exempt purpose of the product tax exempt purpose of the product taxe exempt purpose of the product taxe exempt purpose of the product tax exempt purpose of the product taxe exempt purpose of the product taxe exempt purpose of the product tax purpose of tax purpose of the product tax purpose of the product tax purpose of tax purpose of the product tax purpose of the product tax purpose of the product tax purpose of tax purpose of the product tax purpose of tax purpos	_								
transition is any activity that is related to the parameter in any activity that is related to the intermediate inter	2								
a granization to the exempt purpose									
3 Gess receipts from activities that are not an unreleval results of a significant paid is an analysis of the corganization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expendence on the paid to the paid to be expended on the paid to the paid to be expended on the paid to the paid to be expended on the paid to the paid to be expended to be expended on the paid to the paid to be expended to be exp									
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behall		organization's tax-exempt purpose							
4 Tax revenues levided for the praid 5 The value of services or facilities furnished by a governmental unit to the organization's without charge	3	Gross receipts from activities that are not an							
organization's benefit and either paid to or expended on its behalf		unrelated trade or business under section 513							
to or expended on its behalf 5 The value of services or facilities furnished by 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 dispusitive persons,, 8 Public support (Subtract line 7 from line 6,, 8 Public support (Subtract line 7 from line 6,, 8 Public support (Subtract line 7 from line 6,, 9 Public support (Subtract line 7 from line 6,, 9 Public support (Subtract line 7 from line 6,, 10 Gross finction from interest, dividents, 10 Gross finction from interest, dividents, 10 Gross finction from interest, dividents, 11 Not income from interest, dividents, 21 Other income from interest, dividents, 21 Other income form interest, dividents, 21 Other income, Do not include gain or loss from the sale of calial assets 22 Explain in Part N), 33 Total support (Add lines 9, 10c, 11, 34 Total support percentage for 2012 (ine 6, column (f) divided by line 13, column (f)), 35 Total support groentage for 2012 (ine 6, column (f) divided by line 13, column (f)), 36 Total support (Add lines 9, 10c, 11, 37 Investment income percentage for 2012 (ine 6, column (f) divided by line 13, column (f)), 37 Total support text - 2012. If the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 37 organization, other Kib box and stop here. The organization quarks are a section 501(c)(3) 38 Organization, other Kib box and stop here. The organization quarks are a section 501(c)(3) 39 Total support text - 2012. If the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 30 Total support text - 2012. If the organization's first, second, third, and line 15 is more than 331/3%, and line 31 Total support text - 2012. If the organization's first, second, third, and line 15 is more than 331/3%, and line 31 Total support text - 2012. If the organization did not check the box on line 14 and line 15 is more than 331/3%, and line 31 Total s	4	Tax revenues levied for the							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid							
furnished by a governmental unit to the organization without charge Image: Comparization without charge 6 Total Additines 1 through 5 Image: Comparization without charge 7a Amounts included on lines 1, 2, and 3 received from other than disqualided persons that exceed the greater of \$5,000 Image: Comparization without charge 0 Treecived from other than disqualided persons that exceed the greater of \$5,000 Image: Comparization without charge 0 received from other than disqualided persons that exceed the greater of \$5,000 Image: Comparization without charge 0 received from other than disqualided persons that exceed the greater of \$5,000 Image: Comparization without charge 0 received from from therest. dividends. Image: Comparization without charge Image: Comparization without charge 3 Robits income from interest. dividends. Image: Comparization without charge Image: Comparization without charge 3 Gross income from interest. dividends. Image: Comparization without charge Image: Comparization without charge 4 Horis inserved without charge Image: Comparization without charge Image: Comparization without charge 5 Cotal Income from interest. dividends. Image: Comparization without charge Image: Comparization without charge: Comparization without charge <		to or expended on its behalf							
organization without charge	5	The value of services or facilities							
6 Total. Add lines 1 through 5		furnished by a governmental unit to the							
6 Total. Add lines 1 through 5		organization without charge							
7a Amounts included on lines 1, 2, and 3 raceived from disguilition parsens	6	Total. Add lines 1 through 5							
b Amounts included on lines 2 and 3 received from other than disqualifies 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									
reserved from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year Image: Construction of Construction		received from disqualified persons							
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	b								
or 1% of the amount on line 13 for the year c Add lines 7a and 7b									
c Add lines 7a and 7b									
8 Public support (Subtract line 7c from line 6.) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Support 3 Amounts from line 6. (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Support Percentage Inc. 15 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. 16 Section C. Computation of Public Support Percentage 16 Section D. Computation of Investment Income Percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 17 18 Investment income percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 17 19 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 17	~	,							
line 6.) Image: Section B. Total Support Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6. (m) Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 10 a Gross income from interest, dividends, payments received on socurities Isans, rents, royalties and income from similar sources,									
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6	Ū								
Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6. (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources,	Sec								
9 Amounts from line 6,		•••	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Image: construction 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 Image: construction of taxes c Add lines 10a and 10b Image: construction of taxes Image: construction of taxes c Add lines 10a and 10b Image: construction of taxes Image: construction of taxes its in come from unrelated business are sequelarly carried on . Image: construction of taxes Image: construction of taxes 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Image: construction of taxes Image: construction of taxes 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: construction of Public Support Percentage Image: construction of Public Support Percentage 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 Image: construction of Public Support Percentage 17 Investment income percentage form 2011 Schedule A, Part III, line 15. Image: construction of Public support tests - 2011. If the organization (f) divided by line 13, column (f)) Image: construction on tax and stop here. 18 31/3% support tests - 2011. If the organization did not check the box on line 14, an			(-)	(,	(0) = 0 + 0	(.,	(-)		(1) 1 2 1 2 1
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the Side and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
section 511 taxes) from businesses acquired after June 30, 1975	h								
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	b	· ·							
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	_							+	
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.) Image: Capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: Capital assets (Explain in Part IV.) Image: Capital assets (Explain in Part IV.) 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. Image: Capital assets (Explain in Part IV.) 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) Image: Capital assets (Explain in Capital assets (Explain assets	11	activities not included in line 10b, whether or not the business is regularly							
loss from the sale of capital assets (Explain in Part IV.)	12								
(Explain in Part IV.) Image: Constraint of the constration of the constra	. 2	0							
13 Total support. (Add lines 9, 10c, 11, and 12.)									
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. 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. 15 Public Support Percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 16 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). 17 18 Investment income percentage for 2011 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ Schedule A (Form 990 or 990-EZ)	13								
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization I b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	10								
organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶	11		the organizatio	n's first second	third fourth or	fifth tax year a	s a socti		c)(3)
Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, 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 ▶ JSA	14	-	-						
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 JSA	800								
16 Public support percentage from 2011 Schedule A, Part III, line 15				<u> </u>	mn (f))		45		0
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 JSA									
 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ Schedule A (Form 990 or 990-EZ) 					<u></u>		16		0
 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ 		•							
 19a 331/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 									0/
 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 									0
 b 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 	19 a								
line 18 is not more than 331/3 %, 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 ► JSA Schedule A (Form 990 or 990-EZ)					-			-	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions JSA Schedule A (Form 990 or 990-EZ)	b								
JSA Schedule A (Form 990 or 990-EZ				•			••	0	
		Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and se	e instru	ictions 🕨
		00				S	chedule A	(Form 99	90 or 990-EZ) 2

Schedule A (Form 990 or 990-EZ) 2012

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).

				ATTACH	IMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED	ORGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
AMERICAN ACADEMY OF FAMILY PHYSICIANS	44-0536051	1 07	Х			1,723,092.

TOTAL AMOUNT OF SUPPORT

1,723,092.

_

Page 4

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

2012

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	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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).

For Paperwork Reduction Act Notice, see the Instructions for 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	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2E1253 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

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 need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$25,000.	PersonXPayrollImage: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	PersonXPayrollImage: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$275,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$48,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2E1253 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Page 2
Employer identification number

44-6013671

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20 _		\$329,138.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24		\$17,138.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Page 2
Employer identification number

44-6013671

Part I	Contributors (see instructions). Use duplicate copies of Part	t I if additional space is need	led.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$6,085.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I	art 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 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
32		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ <u>33</u> _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
34		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ <u>35</u> _		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
36		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2E1253 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I	t1 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 _		\$85,491.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
38		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$10,779.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
40		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
41		\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
42		\$9,020.	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I	rt 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		\$1,946,433.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
44		\$ <u>5,050</u> .	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
45		\$7,115.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
46		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
47		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
48		\$6,655.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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 _		\$7,320.	PersonXPayrollImage: Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 50 _		\$8,170.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
51_		\$20,206.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
52 _		\$92,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
53 _		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
54 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2E1253 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

Part I	art 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					
_ <u>55</u> _		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
56		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ <u>57</u> _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ <u>58</u> _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 59 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
60		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Page 2
Employer identification number

44-6013671

Part I	art 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		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
62		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
63		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
64		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
65		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
66		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

700

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Employer identification number

44-6013671

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
44	IN-KIND AUCTION ITEMS	\$5,050.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 4

art III	Exclusively religious, charitable, etc., i	ndividual contributions to	44-6013671 section 501(c)(7), (8), or (10) organizations		
	that total more than \$1,000 for the year For organizations completing Part III, en contributions of \$1,000 or less for the	ter the total of exclusively	religious, charitable, etc.,		
	Use duplicate copies of Part III if addition		· ·		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
		(c) transfer of girt			
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee		
a) No					
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
a) No					
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	I ZIP + 4	Relationship of transferor to transferee		
a) No			·		
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		Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2		

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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

	nal Revenue Service	Attach to	Form 990. ► See sepa	rate instructions.	Inspection
	e of the organization				Employer identification number
_		OF FAMILY PHYSICIANS			44-6013671
Pa	rt I Organizat organizat	tions Maintaining Donor Advi ion answered "Yes" to Form 9	90, Part IV, line 6.	Similar Funds or	Accounts. Complete if the
			(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at er	nd of year			
2		utions to (during year)			
3		from (during year)			
4		at end of year			
5		on inform all donors and donor a	advisors in writing that	the assets held in	donor advised
	-	nization's property, subject to the	-		
6		on inform all grantees, donors, ar			
	only for charitable	purposes and not for the benefit	t of the donor or donor	advisor, or for any	/ other purpose
	conferring imperm	issible private benefit?	<u></u>		Yes No
Ра	rt Conserva	tion Easements. Complete if	the organization ans	wered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all t	that apply).	
	Preservation	of land for public use (e.g., recre	eation or education)	Preservation of	of an historically important land area
	Protection of	natural habitat		Preservation of	of a certified historic structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization he	eld a qualified conservation	ation contribution in	the form of a conservation
	easement on the l	ast day of the tax year.			
					Held at the End of the Tax Year
а	Total number of co	onservation easements			2a
b	Total acreage rest	tricted by conservation easements	;		2b
C	Number of conser	vation easements on a certified	historic structure include	əd in (a)	2c
d	Number of conser	vation easements included in (c)	acquired after 8/17/06	, and not on a	
		isted in the National Register			
3	Number of conser	vation easements modified, tran	sferred, released, extin	iguished, or termin	nated by the organization during the
	-				
4		where property subject to conse			
5	-	tion have a written policy regard			-
_		orcement of the conservation ea			
6	Staff and voluntee	r hours devoted to monitoring, in	specting, and enforcing	g conservation eas	sements during the year
7		es incurred in monitoring, inspec	ting and enforcing cor	servation easeme	nts during the year
•	►\$		ting, and emeroing com		
8	+	vation easement reported on line	e 2(d) above satisfy the	e requirements of se	action 170(h)(4)(B)
-)(h)(4)(B)(ii)?			
9	In Part XIII. descri	be how the organization reports	conservation easemen	ts in its revenue and	d expense statement. and
		d include, if applicable, the text o			•
	organization's acc	ounting for conservation easeme	nts.		
Ра		tions Maintaining Collections			r Similar Assets.
	Complete	e if the organization answered	"Yes" to Form 990, F	art IV, line 8.	
1a	If the organization	elected, as permitted under SF	-AS 116 (ASC 958), n	ot to report in its	revenue statement and balance sheet acation, or research in furtherance of
	works of art, hist	vide, in Part XIII, the text of the fo	ar assets held for pub	lic exhibition, edu	ication, or research in furtherance of scribes these items
b					evenue statement and balance sheet
~					ication, or research in furtherance of
	public service, pro	vide the following amounts relati	ng to these items:		
					► \$
	• •				▶\$
2	•				assets for financial gain, provide the
	-	s required to be reported under S		-	
а		d in Form 990, Part VIII, line 1			
_b				<u></u>	· · · · · · · · · · · · · · · · · · ·
For	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2012

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

Sche	dule D (Form 990) 2012									Page 2
Par	rt III Organizations Maintaini	ing Collections	of Art, His	storical	Freasures	, or O	ther Similar A	Assets	(contin	ued)
3	Using the organization's acquisitic collection items (check all that app	on, accession, and ly):	other reco	rds, checł	c any of th	ne follov	ving that are a	significa	int use	of its
а	Public exhibition	.,	d	Loan d	or exchang	e progra	ms			
b	Scholarly research		e	Other	-					
с	Preservation for future gene	rations								
4	Provide a description of the organ		ns and expl	ain how t	hey furthe	r the or	ganization's exe	empt pu	rpose in	Part
	XIII.									
5	During the year, did the organization	on solicit or receive	donations of	of art, histo	orical treas	ures, or	other similar			
	assets to be sold to raise funds rath				-				res 🗌	No
Par	t IV Escrow and Custodial A line 9, or reported an am				janization	answe	red "Yes" to F	Form 99	90, Par	t IV,
1a	Is the organization an agent, truste included on Form 990, Part X?			-					res 🗌	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the fol	lowing tab	le:					
							Amou	nt		
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year					-				
1	Ending balance									
	Did the organization include an am If "Yes," explain the arrangement in						in Port VIII	•	res	No
Par									•	
ı aı	Endowment Funds: Com	(a) Current year	(b) Prie		(c) Two ye		(d) Three years b		Four years	back
1a	Beginning of year balance	9,598,550		6,283.		9,777.			9,468	
	Contributions	148,300		4,570.		5,009.				,070.
	Net investment earnings, gains,									
	and losses	1,007,472	14	1,703.	923	1,697.	1,449,28	34	2,518	,390.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	600		600.	-	1,200.	40,01	L7.	68	,865.
f	Administrative expenses									
g	End of year balance	10,753,722	9,59	8,550.	9,646	5,283.	8,539,77	7.	7,039	,383.
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a)) held as	:			
а	Board designated or quasi-endown	nent 🕨 86.000	0 %							
b	Permanent endowment 14.0	000 %								
С	Temporarily restricted endowment	▶%)							
	The percentages in lines 2a, 2b, ar									
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held a	nd admii	nistered for the			
	organization by:								Yes	No
	(i) unrelated organizations								1(i)	X
	(ii) related organizations								(ii)	X
	If "Yes" to 3a(ii), are the related org		-				• • • • • • • • •	3	b	
4 Doi	Describe in Part XIII the intended u									
Par	t VI Land, Buildings, and Equ	-								
	Description of property	(inve	or other basis estment)		r other basis ther)		cumulated reciation	(d) Bo	ok value	
	Land Buildings									
b	Leasehold improvements			+						
-	Equipment			+						
d	Other				262,068.		37,372.		24	696.
	I. Add lines 1a through 1e. (Column		rm 990 Part							696.
			000, 1 un	.,		~(~/·/ • •			471	

Schedule D (Form 990) 2012

Schedule D (F	· · ·			Page 3
Part VII	Investments - Other Securities. See Fe	orm 990, Part X, line	12.	
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	I derivatives	48,588.	ATTACHMENT 1	
	held equity interests	1,451,053.	ATTACHMENT 2	
(A) CER	LIFICATE OF DEPOSIT			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	1,499,641.		
Part VIII	Investments - Program Related. See F		12	
			c) Method of valua	tion.
	(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
(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, li	ne 15.		
		Description		(b) Book value
(1)	· · ·	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
<u> </u>	mn (b) must equal Form 990, Part X, col. (B) I	ine 15)	>	
Part X	Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	•		
2 EIN 48 (A	SC 740) Ecotrote In Part XIII provide the text	of the footnote to the or	ganization's financial statements that re	eports the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 2E1270 1.000 Schedule D (Form 990) 2012

Schedu	le D (Form 990) 2012			Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
1	Total revenue, gains, and other support per audited financial statements		1	7,811,699.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments 2a 673	3,183.						
b	Donated services and use of facilities 2b							
С	Recoveries of prior year grants 2c							
d	Other (Describe in Part XIII.) 2d							
е	Add lines 2a through 2d		2e	673,183.				
3	Subtract line 2e from line 1		3	7,138,516.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 71	1,907.						
b	Other (Describe in Part XIII.)							
с	Add lines 4a and 4b		4c	71,907.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,210,423.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return								
1	Total expenses and losses per audited financial statements		1	6,397,269.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • •	-					
а	Donated services and use of facilities 2a							
b								
c	Other leases							
d								
	Add lines 2s through 2d		2e					
3	Subtract line 2e from line 1	• • • •	3	6,397,269.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• • • •	- J	0,337,203.				
a		1,907.						
b		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b		4c	71,907.				
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	• • • •	4C 5	6,469,176.				
_		<u> </u>	5	0,409,170.				
Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional								
inform				·)				
SE	E PAGE 5							

Schedule D (Form 990) 2012

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, 2012 AND 2011. THE FOUNDATION IS NO LONGER SUBJECT TO AUDITS BY THE IRS FOR YEARS PRIOR TO 2009. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.

Schedule D (Form 990) 2012	AMERICAN ACADEMY OF F	FAMILY PHYSICIANS	FOUNDAT	44-6013671	Page 5
Part XIII Supplemental Inf	ormation (continued)				
			ATTACHM	ENT 1	
<u>SCHEDULE D, PART VII -</u>	INVESTMENTS - FINANCIA	AL DERIVATIVES			
					COST
DESCRIPTION			BOOK VALUE	(DR FMV
HEDGE FUNDS			48,5	88.	FMV
	TOTALS		48,5	88.	

	ATTACHMENT 2	
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTER	ESTS	
		COST
DESCRIPTION	BOOK VALUE	OR FMV
INVESTMENT IN AAFP INS SVCS	1,451,053.	COST
TOTALS	1,451,053.	
TOTALS	1,451,053.	

	EDULE F Sta	atement of A	Activities	Outside the Uni	ted St	ates o	MB No. 1545-0047
		Complete i		n answered "Yes" to Form 9 14b, 15, or 16.	90,		2012
Departm Internal	nent of the Treasury Revenue Service	Attach	-	See separate instructions.		Ir	pen to Public spection
	f the organization					Employer identifica	
AMER Part	ICAN ACADEMY OF FA			Jnited States. Complete	if the oro	44-6013673	
T alt	Form 990, Part IV,			Sinted States. Complete	in the org		
а	or grantmakers. Does the ssistance, the grantees' e rants or assistance?	ligibility for the grar	nts or assistance	e, and the selection criter	ia used to	award the	X Yes No
	or grantmakers. Descrik ssistance outside the Unit		rganization's p	rocedures for monitoring	the use	of its grants a	and other
3 A	ctivities per Region. (The	following Part I, line	e 3 table can be	e duplicated if additional sp	bace is ne	eded.)	
	(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)	a pro describ	ivity listed in (d) is ogram service, e specific type of ce(s) in region	(f) Total expenditures for and investments in region
(1)	EAST ASIA AND THE PACIFIC			GRANTMAKING			161,000.
	EUROPE			GRANTMAKING			80,500.
	LOROPE			GRANIMACING			80,500.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
<u>(16)</u>							
<u>(17)</u> 3a	Sub-total						241 500
b	Sub-total Total from continua sheets to Part I	ation					241,500.
	Totals (add lines 3a and perwork Reduction Act Noti		ns for Earm 000			Sabadul	241,500. e F (Form 990) 2012

Schedule F (Form 990) 2012 Dort II

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. 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	80,500.	WIRE TRANSFE				
(1)			EAST ASTA/PACIFIC	PEER SUPPORT	80,500.	WIRE IRANSFE				
(2)			EAST ASIA/PACIFIC	PEER SUPPORT	80,500.	WIRE TRANSFE				
(3)			EUROPE/ICELAND/GREENLAND	PEER SUPPORT	80,500.	WIRE TRANSFE				
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
2 Ente	er total number of recipient	organizations listed abo	ove that are recognized as o	charities by the	foreign country, re	cognized as tax	k-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.....

(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)							
i)							
)							
7)							
3)							
9)							
)							
)							
2)							
3)							
1)							
i)							
i)							
')							
8)							

Schedule F (Form 990) 2012

JSA

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671

Schedu	le F (Form 990) 2012		Page 4
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	X 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	X 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	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X 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	X 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	x No
			Schedule F (Form 990) 2012

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 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. FINANCIAL REPORTS ARE PROVIDED WITHIN SIX MONTHS TO ONE YEAR OF COMPLETION OF THE PROJECT. HOWEVER, FINAL PAYMENT IS NOT MADE UNTIL ALL REQUIRED REPORTS ARE RECEIVED.

SCHEDULE G (Form 990 or 990- Department of the Treas) 19, or if the	OMB No. 1545-0047						
Internal Revenue Service	è		Attach to Form 990 or	Form 990-E	Z. 🕨 See se	parate instructions.	Employer identificati	Inspection
Name of the organizatio		ים האשבואס	VOTOTANO FOID	ייי ארונ			Employer identificati 44-601367	
		Activities. Com			nswered	"Yes" to Form 9		
		Z filers are not r	• •					
		e organization rais				activities. Check a	all that apply.	
a 🔄 Mail sol	icitatior	าร	е	Solic	citation of I	non-government g	grants	
		nail solicitations	f			government grant	s	
c Phone s			g	Spec	cial fundra	ising events		
d In-perso								
		n have a written or isted in Form 990,						Yes No
		highest paid indivist \$5,000 by the c		(fundraise	ers) pursua	ant to agreements	1	fundraiser is to be
(i) Name and or ent	l address ity (fundr		(ii) Activity	custody o	(iii) Did fundraiser have custody or control of contributions? (iv) Gross rece from activit		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
2								
3								
4								
5								
-								
6								
7								
•								
8								
9								
10								
	s in wł				⊥► d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2012

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	(b) Event #2 MINI AUCTION	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	47,850.	61,080.	16,235.	125,165.
R		Less: Contributions Gross income (line 1 minus	25,100.	61,080.	16,235.	102,415.
	3	line 2)	22,750.		0	22,750.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	26,019.			26,019.
Dire	8	Entertainment				
	9	Other direct expenses	2,989.	37,480.	4,972.	45,441.
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(<u>71,460.)</u> -48,710.
Ра	rt l	Gaming. Complete if the orgather than \$15,000 on Form 990-E		′es" to Form 990, Par	t IV, line 19, or repo	rted more
е			,	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		0	(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8	Net gaming income summary. Comb	ine line 1, column d, and	l line 7		
9 a k	ı Is	nter the state(s) in which the organizat the organization licensed to operate g "No," explain:	aming activities in each	of these states?		YesNo
		'ere any of the organization's gaming I		nded or terminated durir	ng the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2012

	AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT 44-6013671
Sched	ule G (Form 990 or 990-EZ) 2012 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
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
IUU	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$ and the
Ň	amount of gaming revenue retained by the third party \triangleright \$
с	If "Yes," enter name and address of the third party:
C	in Tes, 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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
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 \blacktriangleright \$
Part	
	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 G (Form 990 or 990-EZ) 2012

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

OMB No. 1545-0047

Open to Public

Inspection

No

Employer identification number

44-6013671

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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. 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							VARIOUS PROGRAM
11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66209	44-0536051	501(C)(6)	998,352.				SUPPORT
(2) HEART TO HEART INTERNATIONAL							SUPERSTORM SANDY AND
401 S. CLAIRBORNE OLATHE, KS 66062	48-1108359	501(C)(3)	21,443.				HAITI RELIEF
(3) MAINE MEDICAL CENTER							IMMUNIZATION, TEACHE
22 BRAMHALL ST PORTLAND, ME 04102	01-0238552	501(C)(3)	11,500.				DEVELOPMENT
(4) THE BROOKLYN HOSPITAL CENTER FAMILY MED DEP							IMMUNIZATION AWARDS
121 DEKALB AVE BROOKLYN, NY 11201	11-1630755	501(C)(3)	11,000.				PROGRAM
(5) MIDDLESEX HOSPITAL							IMMUNIZATION AWARDS
28 CRESCENT ST MIDDLETOWN, CT 06457	06-0646718	501(C)(3)	11,000.				PROGRAM
(6) CALIFORNIA AFP							
1520 PACIFIC AVE SAN FRANCISO, CA 94109	94-1149565	501(C)(6)	7,500.				FMPC GRANT AWARDS
(7) CALIFORNIA AFP FOUNDATION							EXTERNSHIPS, HIGHLIG
1520 PACIFIC AVE SAN FRANCISCO, CA 94109	94-2938597	501(C)(3)	7,500.				ON DIABETES
(8) GEORGIA AFP							FMPC GRANT, HIGHLIGHT
3760 LAVISTA RD TUCKER, GA 30084	58-6044158	501(C)(6)	7,500.				ON DIABETES
(9) FAMILY HEALTH FOUNDATION OF ILLINOIS	_						
4756 MAIN ST LISLE, IL 60532	36-3453953	501(C)(3)	9,750.				FMPC GRANT AWARDS
(10) LOUISIANA AFP FOUNDATION							FMPC GRANT, HIGHLIGHT
919 TARA BLVD BATON ROUGE, LA 70806-7820	72-0474962	501(C)3	10,000.				ON DIABETES
(11) MINNESOTA AFP FOUNDATION	_						FMPC, EXTERNSHIP, HI
600 HWY 169 S ST LOUIS PARK, MN 55426	36-3611238	501(C)(3)	17,000.				LIGHT ON DIA
(12) OHIO AFP FOUNDATION							FMPC GRANT, EXTERNSH
4075 N HIGH ST COLUMBUS, OH 43214	31-1191776	501(C)(3)	9,500.				AWARDS
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste	ed in the line	1 table	<u></u>	<u> </u>	<u></u>	<u></u>	
For Paperwork Reduction Act Notice, see the Inst							ule I (Form 990) (2012)

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

OMB No. 1545-0047

Open to Public

Inspection

No

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

44-6013671

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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. 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) TEXAS AFP							FMPC GRANT, HIGHLIGH
12012 TECHNOLOGY BLVD AUSTIN, TX 78727	74-1109411	501(C)(6)	10,000.				ON DIABETES
(2) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDAT							PEER SUPPORT RESEARC
5250 CAMPANILE DR SAN DIEGO, CA 92182	95-6042721	PUBL UNIVERSITY	80,500.				IN DIABETES
(3) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO							PEER SUPPORT RESEARC
1855 FOLSOM ST SAN FRANCISCO, CA 94113	93-6036493	PUBL UNIVERSITY	80,500.				IN DIABETES
(4) UNVERSITY OF ALABAMA AT BIRMINGHAM							PEER SUPPORT RESEARC
1530 3RD AVE S BIRMINGHAM, AL 35294	63-6005396	PUBL UNIVERISTY	80,500.				IN DIABETES
(5) UNIVERSITY OF MICHIGAN MEDICAL SCHOOL							PEER SUPPORT RESEARC
3033 S STATE ST ANN ARBOR, MI 49109	38-6006309	PUBL UNIVERSITY	80,500.				IN DIABETES
(6) VIRGINIA COMMONWEALTH UNIVERSITY							
800E. LEIGH ST., SUITE 113	54-6001758	501(C)3	62,288.				GRANT GENERATING PRO
(7) REGENTS OF THE UNIVIERSITY OF MICHIGAN							
503 THOMPSON ST. ANN ARBOR, MI 48109	38-6006309	GOVT/EDUC INST	6,500.				VISITING PROFESSORSH
(8) MCGAW MEDICAL CENTER OF NW UNIVERSITY							
120 E. \SUPERIOR ST, 12TH FLOOR	36-2656113	501(C)3	6,500.				VISITING PROFESSORSH
(9) SOUTHERN ILLINOIS UNIVERSITY							
MAIL CODE 6829 CARBONDALE, IL 62901	37-6005961	GOVT/EDUC INST	6,000.				IMMUNIZATION AWARD P
(10) HINSDALE HOSPITAL FOUNDATION							
120 N. OAK ST HINSDALE, IL 60521	52-1466387	501(C)3	11,000.				IMMUNIZATION AWARD P
(11) KANSAS FAMILY MEDICINE FOUNDATION							
3901 RAINBOW BLVD, MS 4010	48-0788830	501(C)3	6,000.				IMMUNIZATION AWARD P
(12) METHODIST HEALTH SYSTEM							
1441 NBECKLEY AVE. DALLAS, TX 75203	75-0800661	501(C)3	11,000.				IMMUNIZATION AWARD P
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations liste	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Ins							ule I (Form 990) (2012)

JSA 2E1288 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

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

OMB No. 1545-0047 2012

Open to Public

Inspection

No

Employer identification number

44-6013671

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Part 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 X Yes the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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. 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) MOREHOUSE SCHOOL OF MEDICINE							
720 WESTVIEW DR. SW ATLANTA, GA 30310	58-1438873	501(C)3	11,000.				IMMUNIZATION AWARD P
(2) MICHIGAN STATE UNIVERSITY/KALAMZOO CENTER							
1000 OAKLAND DR. KALAMAZOO, MI 49008	38-2015695	501(C)3	6,000.				IMMUNIZATION AWARD
(3) SCRIPPS HEALTH - SCRIPPS MERCY HOSPITAL							
4275 CAMPUS POINT CT SAN DIEGO, CA 92121	95-1684089	501(C)3	6,000.				IMMUNIZATION AWARD P
(4) THOMAS JEFFERSON UNIVERSITY - DEPT OF MEDIC							
1020 WALNUT ST PHILADELPHIA, PA 19107	23-135651	501(C)3	11,000.				IMMUNIZATION AWARD P
(5) UTAH HEALTHCARE INSTITUE							
1250 EAST 3900 SOUTH AVE, STE 260	87-0617263	501(C)3	11,000.				IMMUNIZATION AWARD P
(6) FLORIDA AFP							FMPC GRANT, HIGHLIGH
	59-6138054	501(C)(6)	7,500.				ON DIABETES
(7) ILLINOIS AFP							FMPC GRANT, HIGHLIGH
4756 MAIN ST. LISLE, IL 60532	36-2150319	501(C)(6)	7,500.				ON DIABETES
(8) IOWA AFP							FMPC GRANT, HIGHLIGH
	42-0738114	501(C)(6)	10,000.				ON DIABETES
(9) KANSAS_AFP							FMPC GRANT, HIGHLIGH
	48-1078400	501(C)(6)	15,000.				ON DIABETES
(10) KENTUCKY AFP							FMPC GRANT, HIGHLIGH
	61-0564546	501(C)(6)	7,500.				ON DIABETES
(11) MASSACHUSETTS AFP							EXTERNSHIPS, HIGHLIG
100 CUMMINGS CTR., STE. 325C	04-6111695	501(C)(6)	7,500.				ON DIABETES
(12) MISSOURI AFP							EXTERNSHIP, HIGHLIGH
	43-0895284	501(C)(6)	6,250.				ON DIABETES
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Inst							ule I (Form 990) (2012)

2E1288 1.000 51P1ZD K501 6/14/2013 11:14:13 AM

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

OMB No. 1545-0047

Open to Public

Inspection

No

Employer identification number

44-6013671

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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. 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) NEBRASKA AFP							FMPC GRANT, HIGHLIGH
11920 BURT ST NO. 170 OMAHA, NE 68154	91-1753651	501(C)(6)	10,000.				ON DIABETES
(2) NEVADA_AFP							FMPC GRANT, HIGHLIGH
326 W. LIBERTY ST. RENO, NV 89501	88-600433	501(C)(6)	8,500.				ON DIABETES
(3) NORTH CAROLINA AFP							FMPC, EXTERNSHIP, HI
PO BOX 10278 RALEIGH, NC 27605	56-1778317	501(C)(6)	12,500.				LIGHT ON DIA
(4) NORTH DAKOTA AFP							FMPC, EXTERNSHIP, HI
PO BOX 426 HAZEN, ND 58545	45-6013505	501(C)(6)	9,500.				LIGHT ON DIA
(5) SOUTH DAKOTA AFP							FMPC GRANT, HIGHLIGH
3912 GOLF COURSE RD WATERTOWN, SD 57201	46-1258404	501(C)(6)	10,000.				ON DIABETES
(6) WEST VIRGINIA AFP							EXTERNSHIP, HIGHLIGH
PO BOX 1090 HURRICANE, WV 25526	55-0419533	501(C)(6)	6,250.				ON DIABETES
_(7) wisconsin_afp							FMPC GRANT, HIGHLIGH
210 GREEN BAY ROAD THIENSVILLE, WI 53092	39-0867817	501(C)(6)	12,500.				ON DIABETES
(8) BEAUMONT HEALTH_SYSTEM_FAMILY MEDICINE							
3601 W. THIRTEEN MILE RD	38-1459362	501(C)3	31,012.				RESEARCH GRANT
(9) CURATORS OF THE UNIVERSITY OF MISSOURI							
321 UNIVERSITY HALL COLUMBIA, MO 65211	43-6003859	GOVT\EDUC INST	50,000.				RESEARCH GRANT
(10) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTE							
3601 4TH ST., STOP 6271 LUBBOCK, TX 79430	75-2668014	GOVT/EDUC INST	49,984.				RESEARCH GRANT
(11) NORTH SHORE UNIVERSITY HEALTH SYSTEM							
REASEARCH INSTITUTE EVANSTON, IL 60201	36-2167060	501(C)3	41,161.				RESEARCH GRANT
(12) THE REASECH FOUNDATION OF SUNY							
402 CROFTS HALL BUFFALO, NY 14260	14-136861	501(C)3	7,500.				RESEARCH GRANT
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations liste	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Inst							ule I (Form 990) (2012)

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

OMB No. 1545-0047

Open to Public

Inspection

No

Employer identification number

44-6013671

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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. 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)	MEDSTAR FRANKLIN SQUARE MEDICAL CENTER							RESEARCH GRANTS,
	0000 FRANKLIN SQUARE DR.	52-0608007	501(C)3	15,000.				IMMUNIZATION
	FAITHWORKS MEDICAL							FAMILY MEDICINE CARE
	L5296 DIXIE HWY MONROE, MI 48161	38-3858203	501(C)3	24,513.				GRANT
(3)	CLACKAMAS_VIMFOUNDERS_CLINIC							FAMILY MEDICINE CARE
-	700 MOLALLA AVE. OREGAN CITY, OR 97045	37-16521141	501(C)3	16,745.				GRANT
_(4)		_						
_(5)								
_(6)								
_(7)								
_(8)								
_(9)								
(10)		_						
(11)		_						
(12)		_						
2	Enter total number of section 501(c)(3) and g	 overnment o	l rganizations list	ed in the line 1 tab	 e		<u> </u>	33.
	Enter total number of other organizations liste							18.
	Paperwork Reduction Act Notice, see the Ins							ule I (Form 990) (2012)

(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
	12	06,000			
1 TEACHER DEVELOPMENT AWARDS	13.	26,000.			
2 CHFM FELLOWSHIP	2.	1,935.			
3					
4					
- -					
5					
6					
7					

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.

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 AAFP PROGRAMS. A LETTER OF AGREEMENT (LOA) IS CREATED BETWEEN THE

GRANTEE AND THE FOUNDATION TO SET FORTH THE TERMS AND CONDITIONS FOR

Schedule I (Form 990) (2012)

(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
3					
,					
	is part to pro	vide the informa	tion required in	Part I, line 2, Part III, c	column (b), and any other additional
information.	• • •		•	Part I, line 2, Part III, c	column (b), and any other additional
information. CEIPT OF GRANT FUNDS. A FULLY EXECUT	ED LOA IS	REQUIRED BEI	FORE ANY	Part I, line 2, Part III, c	olumn (b), and any other additional
information. CEIPT OF GRANT FUNDS. A FULLY EXECUT	ED LOA IS	REQUIRED BEN	FORE ANY		olumn (b), and any other additional
information. CEIPT OF GRANT FUNDS. A FULLY EXECUT NDS ARE DISBURSED AND ONE OR MORE FIN EPENDING ON LENGTH OF PROGRAM) ARE RE	ED LOA IS	REQUIRED BEI D PROGRESS RI R DISBURSEMEI	FORE ANY EPORTS NT OF FUNDS.		olumn (b), and any other additional
information. CEIPT OF GRANT FUNDS. A FULLY EXECUT INDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE NE FOUNDATION'S GRANT SPECIALIST REVIE	TED LOA IS NANCIAL ANN QUIRED FOR WS THE REP	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH		olumn (b), and any other additional
information. CCEIPT OF GRANT FUNDS. A FULLY EXECUT UNDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE HE FOUNDATION'S GRANT SPECIALIST REVIE CPORTING REQUIREMENTS AS STATED IN THE	TED LOA IS IANCIAL ANI QUIRED FOR WS THE REI LOA, AND	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH		olumn (b), and any other additional
information. CCEIPT OF GRANT FUNDS. A FULLY EXECUT JNDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE HE FOUNDATION'S GRANT SPECIALIST REVIE EPORTING REQUIREMENTS AS STATED IN THE JIDELINES REGULATING NON-PROFIT AGENCI	TED LOA IS NANCIAL ANN QUIRED FOR WS THE REN LOA, AND TES.	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM IN ACCORDANC	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH CE WITH		olumn (b), and any other additional
information. CCEIPT OF GRANT FUNDS. A FULLY EXECUT UNDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE HE FOUNDATION'S GRANT SPECIALIST REVIE PORTING REQUIREMENTS AS STATED IN THE UIDELINES REGULATING NON-PROFIT AGENCI STUDENT EXTERNSHIP MATCHING GRANTS -	TED LOA IS IANCIAL ANI QUIRED FOR WS THE REA LOA, AND TES. ARE AVAIL	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM IN ACCORDANC LABLE ONLY TO	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH CE WITH	I	olumn (b), and any other additional
information. CCEIPT OF GRANT FUNDS. A FULLY EXECUT NDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE THE FOUNDATION'S GRANT SPECIALIST REVIE PORTING REQUIREMENTS AS STATED IN THE FUDELINES REGULATING NON-PROFIT AGENCI STUDENT EXTERNSHIP MATCHING GRANTS -	TED LOA IS IANCIAL ANI QUIRED FOR TWS THE REA LOA, AND TES. ARE AVAIL	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM IN ACCORDANC LABLE ONLY TO ICHING GRANT:	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH CE WITH D AAFP S ARE USED 1	I	olumn (b), and any other additional
information. ECEIPT OF GRANT FUNDS. A FULLY EXECUT JNDS ARE DISBURSED AND ONE OR MORE FIN DEPENDING ON LENGTH OF PROGRAM) ARE RE HE FOUNDATION'S GRANT SPECIALIST REVIE EPORTING REQUIREMENTS AS STATED IN THE JIDELINES REGULATING NON-PROFIT AGENCI	TED LOA IS NANCIAL ANN QUIRED FOR WS THE REN LOA, AND TES. ARE AVAIN ATIONS. MAT	REQUIRED BEN D PROGRESS RI R DISBURSEMEN PORT FOR COMM IN ACCORDANC LABLE ONLY TO ICHING GRANTS SUE A CAREER	FORE ANY EPORTS NT OF FUNDS. PLIANCE WITH CE WITH D AAFP S ARE USED T IN FAMILY	I	column (b), and any other additional

Part III Grants and Other Assistance to In Part III can be duplicated if additional	dividuals in the Ur al space is needed.	nited States. Co	mplete if the o	rganization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Completinformation.	ete this part to pro	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional
INTENT INCLUDING PROOF OF MATCHING	FUNDS TO SUPPO	ORT CLINICAL	AND/OR		
RESEARCH MEDICAL STUDENT EXTERNSHIP	S IN THEIR STA	ATE. MATCHING	G GRANTS ARI	2	
AWARDED IN FEBRUARY AND DISBURSEMEN	IT OF THE FUNDS	5 TO CHAPTER	S/CHAPTER		
FOUNDATIONS IS CONTINGENT UPON SUBM	MISSION OF A DI	ISBURSEMENT (OF FUNDS		
REQUEST, WHICH VERIFIES THE EXTERNS	SHIP ACTIVITIES	5. THE COMPLI	ETED		
DISBURSEMENT OF FUNDS REQUEST IS RE	EVIEWED AND APE	PROVED BY TH	E PROGRAM		
SPECIALIST AND ALL FUNDS ARE DISTRI	BUTED PRIOR TO	DECEMBER 3	1 OF EACH		
YEAR.					

AAFP FOUNDATION PFIZER IMMUNIZATION AWARDS - IS A COMPETITIVE AWARD

(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
2					
1					
4					
5					
6					
7					
Part IV Supplemental Information. Complet information.	e this part to pro	vide the informa	tion required in	Part I, line 2, Part III, c	olumn (b), and any other additiona
ROGRAM AVAILABLE ONLY TO FAMILY MEI	DICINE RESIDE	NCY PROGRAMS	ACHIEVING		
IGH OR IMPROVED IMMUNIZATION RATES	OR IMPLEMENT	ING A SYSTEM	TO IMPROVE		
HILDHOOD OR ADULT IMMUNIZATION RATE	S IN MEDICAL	LY UNDERSERV	ED AREAS. A		
LATE OF AWARD RECIPIENTS IS DETERMI	NED BY AN 8-1	MEMBER IMMUN	IZATION		
WARDS COMMITTEE, WHICH REVIEWS AND	SCORES ALL A	PPLICATIONS.	THE SLATE		
ECEIVES FINAL APPROVED BY AAFP FOUN	DATION BOARD	OF TRUSTEES			
DISBURSEMENT OF THE MONETARY AWARD I	S MADE UPON	ANNOUNCEMENT	OF THE		

AWARDS.

PFIZER TEACHER DEVELOPMENT AWARDS - IS A COMPETITIVE AWARD PROGRAM

Part III Grants and Other Assistance to Indivi Part III can be duplicated if additional sp			mplete if the o	rganization answered	Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete t information.	his part to pro	vide the informa	tion required in	Part I, line 2, Part III, c	olumn (b), and any other additional
VAILABLE ONLY TO NEW, COMMUNITY-BASE	D FAMILY PH	YSICIANS (GR.	ADUATES FROI	М	
IN ACGME-APPROVED FAMILY MEDICINE RES	IDENCY PROG	RAM WITHIN T	HE PAST SIX		
YEARS) THAT ARE PART-TIME TEACHERS OF	FAMILY MED	ICINE. A SL	ATE OF AWARI	D	
RECIPIENTS IS DETERMINED BY THE 4-MEM	BER TEACHER	DEVELOPMENT	SUBCOMMITT	EE	
OF THE BOARD OF TRUSTEES AND APPROVED	BY THE AAF	P BOARD. DIS	BURSEMENT OI	F	
THE MONETARY AWARD, WHICH IS TO BE US	ED BY THE R	ECIPIENT FOR	A		
KILL-BUILDING OPPORTUNITY OF CHOICE A	AND BY THE	TEACHING CEN	FER TO HELP		
HOST A RECOGNITION CEREMONY FOR THE RI	ECIPIENT, I	S MADE AS RE	QUESTED BY		
THE RECIPIENT AND THE RECIPIENT'S TEA	CHING CENTE	R.			

Schedule I (Form 990) (2012)

44-6013671

700

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information. FAMILY MEDICINE PHILANTHROPIC CONSORTIUM (FMPC) GRANT AWARDS - PROVIDE FOR GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS. APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMPC REVIEW COMMITTEE WHICH IS MADE UP OF THE FMPC STEERING COMMITTEE. EACH APPLICATION IS REVIEWED AND SCORED BY FOUR REVIEWERS, WITH AT LEAST ONE PHYSICIAN REVIEWER.

SPECIAL CARE IS TAKEN THAT NO CONFLICT OF INTEREST EXISTS WITH ANY OF THE

REVIEWERS. ONCE FINAL APPROVAL IS RECEIVED FROM THE FMPC, IT MUST BE

APPROVED BY THE FOUNDATION'S BOARD OF TRUSTEES. GRANT AWARDS ARE

ANNOUNCED IN DECEMBER. THE GRANT CYCLE RUNS FROM FEBRUARY TO JANUARY OF

THE YEAR FOLLOWING THE ANNOUNCEMENT. AN FMPC GRANT AWARD AGREEMENT IS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
4					
5					
6					
7					
Part IV Supplemental Information. Complete	this part to pro	vide the informa	tion required in	Part Lling 2 Part III or	lumn (b) and any other additional
information.				Fart I, III e 2, Fart III, C	Sidnin (b), and any other additional
information. REATED AND SIGNED BY ALL PARTIES. A	FINAL REPORT		•		
REATED AND SIGNED BY ALL PARTIES. A		I SUMMARIZIN	•		
REATED AND SIGNED BY ALL PARTIES. A	UE THE FOLLO	F SUMMARIZIN WING MARCH.	G PROGRAM THE		
REATED AND SIGNED BY ALL PARTIES. A	UE THE FOLLO	F SUMMARIZIN WING MARCH.	G PROGRAM THE	r art 1, 111 0 2, r art 111, 00	
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI	UE THE FOLLOW	F SUMMARIZIN WING MARCH. RTS AND FINA	G PROGRAM THE NCIAL		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI	I SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR	G PROGRAM THE NCIAL ITTEN REQUES		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR. TO LATER THAN 30 DAYS PRIOR TO THE G	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N	I SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR	G PROGRAM THE NCIAL ITTEN REQUES		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR. O LATER THAN 30 DAYS PRIOR TO THE G	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N	I SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR	G PROGRAM THE NCIAL ITTEN REQUES		
information. CREATED AND SIGNED BY ALL PARTIES. A COUNDATION'S PROGRAM SPECIALIST REVIS COUNDATION'S PROGRAM SPECIALIST REVIS	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N	I SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR	G PROGRAM THE NCIAL ITTEN REQUES		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR. O LATER THAN 30 DAYS PRIOR TO THE G	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N TION.	F SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR END DATE. A	G PROGRAM THE NCIAL ITTEN REQUES NY AMOUNTS		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR. O LATER THAN 30 DAYS PRIOR TO THE G NSPENT MUST BE REPAID TO THE FOUNDA HIGHLIGHT ON DIABETES GRANT - PRO	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N FION. VIDES A ONE-1	F SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR END DATE. A	G PROGRAM THE NCIAL ITTEN REQUES NY AMOUNTS O AAFP		
REATED AND SIGNED BY ALL PARTIES. A MPLEMENTATION AND FINAL BUDGET IS D OUNDATION'S PROGRAM SPECIALIST REVI UBMISSION. ANY EXTENSION OF THE GR O LATER THAN 30 DAYS PRIOR TO THE GE NSPENT MUST BE REPAID TO THE FOUNDA	UE THE FOLLOW EWS ALL REPON ANT PERIOD RI RANT PERIOD N FION. VIDES A ONE-1	F SUMMARIZIN WING MARCH. RTS AND FINA EQUIRES A WR END DATE. A	G PROGRAM THE NCIAL ITTEN REQUES NY AMOUNTS O AAFP		

(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

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.

EXHIBIT AND/OR A NON-ACCREDITED PANEL DISCUSSION ON THE MANAGEMENT OF

DIABETES, DURING A STATEWIDE MEETING. APPLICATIONS ARE APPROVED BY THE

FAMILY MEDICINE PHILANTHROPIC COMMITTEE CONVENER AND MEMBER OF THE AAFP

FOUNDATION BOARD OF TRUSTEES. RECEPIENTS RECEIVE 50% OF THE GRANT FUNDS

FOLLOWING APPROVAL OF THE APPLICATION AND THE REMAINING 50% FOLLOWING

SUBMISSION OF THE REQUIRED FINAL REPORT.

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

Part III can be duplicated if additional sp					
(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
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete information.	this part to pro	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional
FAMILY MEDICINE PHYSICIANS, FAMILY ME	DICINE ORGA	NIZATIONS OR			
ASSOCIATIONS, DEPARTMENTS OF FAMILY M	EDICINE, OR	HEALTH CARE	INSTITUTION	1S	
IN SUPPORT OF RESEARCH OF VALUE TO TH	E PRACTICIN	G FAMILY PHY	SICIAN.		
APPLICATIONS WITH A DETAILED BUDGET A	RE RECEIVED	AND REVIEWE	D BY THE AAI	P	
FOUNDATION RESEARCH COMMITTEE (RC).	FINAL APPRO	VAL IS GIVEN	BY THE		
FOUNDATION'S BOARD OF TRUSTEES. ONCE	APPROVED,	FOUNDATION'S	PROGRAM		
ADMINISTRATOR WILL REVIEW SUBMISSION	OF WRITTEN I	REPORTS RECE	IVED AT THE		
MIDPOINT AND UPON COMPLETION OF THE P	ROJECT. NI	NETY PERCENT	OF THE AWAF	RD	

WILL BE PAID PERIODICALLY IF TIMELINE IS OVER SIX MONTHS. THE REMAINING

TEN PERCENT WILL BE DISTRIBUTED UPON REVIEW OF FINAL FINANCIAL AND

Part III Grants and Other Assistance to Individ Part III can be duplicated if additional spa			mplete if the o	rganization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
_ 5					
6					
7					
Part IV Supplemental Information. Complete the information.	•		•		column (b), and any other additional
PROGRESS REPORTS. IF FUNDS HAVE NOT A	LL BEEN US	ED, THEY MUS	I BE RETURNI	ED	
TO THE FOUNDATION.					
PEERS FOR PROGRESS - IS A PROGRAM T	HAT PROMOT	ES PEER SUPP(ORT IN		
CHRONIC ILLNESS SUCH AS DIABETES. IN	SUPPORT OF	THESE GOALS	, RESEARCH		
GRANTS ARE AWARDED. PEERS FOR PROGRES	S (PFP) RE	QUIRES EACH (OF ITS		
GRANTEES TO PROVIDE PROGRESS AND FINAN	CIAL REPOR	TS EVERY SIX	MONTHS IN		
ORDER TO RECEIVE THE NEXT FUNDING INST.	ALLMENT.	REPORTS ARE 1	REVIEWED ANI	D	
APPROVED BY THE FOUNDATION'S PFP STAFF	. THE PRO	GRESS REPORT	SUMMARIZES		
ALL RESEARCH ACTIVITY CONDUCTED BY THE	GRANTEE F	OR THAT TIME	PERIOD. TH	HE	
FINANCIAL REPORT DETAILS, BY CATEGORY,	FINANCIAL	EXPENDITURE	S INCURRED H	ЗҮ	

Part III

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

information.

THE GRANTEE TEAM DURING THAT SAME PERIOD. FINANCIAL REPORTS ARE PROVIDED

WITHIN SIX MONTHS TO ONE YEAR OF COMPLETION OF THE PROJECT. HOWEVER,

FINAL PAYMENT IS NOT MADE UNTIL ALL REQUIRED REPORTS ARE RECEIVED.

FAMILY MEDICINE CARES - LAUNCHED IN 2011, THIS HUMANITARIAN PROGRAM IS

HELPING TO ESTABLISH NEW FREE CLINICS TO CARE FOR THE UNINSURED IN AREAS

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

Part III Grants and Other Assistance to Individ Part III can be duplicated if additional spa			omplete if the o	organization answered	I "Yes" on Form 990, Part IV, line 22.
(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
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete the information.			ation required in	Part I, line 2, Part III,	column (b), and any other additional
TIME AND TALENTS. GRANT AWARDS ARE FOR	AS MUCH A	s \$25,000.	GRANTS ARE		
APPLIED FOR ON A ROLLING BASIS. THE PRO	OPOSALS AR	E REVIEWED A	ND GRANTS		
AWARDED BY THE FAMILY MEDICINE CARES US	SA STEERIN	G COMMITTEE.	THE		
SELECTIONS ARE THEN SENT TO THE BOARD (OF TRUSTEE	S FOR FINAL .	APPROVAL.		
FUNDS ARE DISTRIBUTED ON A 80%-20% BAS:	IS. THE IN	ITIAL 80% IS	DISTRIBUTEI	D	
UPON RECEIPT OF THE FREE CLINIC'S SIGN	ED APPLICA	NT AGREEMENT	AND THE		
SUBSTITUTE W-9 FORM. THE FINAL 20% DIST	TRIBUTION	IS ALLOCATED	UPON RECEI	PT	
OF THE GRANT FUND RECONCILIATION FORM I	DOCUMENTIN	G THE USE OF	THE FAMILY		
MEDICINE CARES GRANT FUNDS AND RECEIPTS	S FOR EXPE	NDITURES.			

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information. VISITING PROFESSORSHIP - IS A COMPETITIVE AWARD PROGRAM THAT PROVIDES GRANTS FOR SELECTED FAMILY MEDICINE INSTITUTIONS TO INVITE A DISTINGUISHED EXPERT FOR THREE DAYS OF TEACHING AND PROFESSIONAL EXCHANGE WITH STUDENTS, FACULTY, RESEARCH FELLOWS, PHYSICIANS, NURSES, COMMUNITY MEMBERS AND OTHERS AT THE HOST INSTITUTION. APPLICATIONS THAT DESCRIBE THE IMPACT, BACKGROUND, FIT, AGENDA AND A DETAILED BUDGET FOR THE PROPSED PROGRAM ARE REVIEWED BY A FIVE MEMBER ACADEMIC ADVISORY BOARD. THE AWARD CHECK IS SENT TO THE RECIPIENT INSTITUTION THIRTY DAYS PRIOR TO THE DATE OF THE PROFESSOR'S VISIT. THE INSTITUTION COMPLETES AND RETURNS A POST-PROGRAM SURVEY WITHIN ONE MONTHE AFTER THE PROGRAM. THE INPUT FROM

44-6013671

700

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

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

THIS SURVEY ENABLES THE FOUNDATION TO DETERMINE HOW CLOSELY THE GOALS OF

THE AAFP FOUNDATION VISITING PROFESSORSHIP PROGRAM IN FAMILY MEDICINE ARE

BEING ACHIEVED. BEING ACHIEVED.

Por certain Officers. Directors. Trustees, Key Employees, and Highest Compensate Employees Complete If the organization answered Yes' to Form 990, Port Officers. Directors. Trustees, Key Employees, and Highest Compensate Employees Complete If the organization answered Yes' to Form 990, Port Officers. Directors. Trustees, Key Employees, and Highest Compensate If the organization answered Yes' to Form 990, Port Officers. Directors. The State Intervention of the organization answered Yes' to Form 990, Part Officers. Directors. Regarding Compensation Taxel for companions Discretionary spending account Personal services (e.g., maid, chauffeur, chef) Di drath organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, fluctuation the CEO/Executive Director, tregarding the the compensation committee Discretionary spending account Dide organization to establish compensation of the organization to establish compensation of the CEO/Executive Director, but optim in Part III. Ongensation SEO/Executive Director, regarding the times checked in line 147 dec at directors, fluctuation of the organization used to establish the compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation consultant for eality of the sequence of the personal less of the filling organization or a teleted organization. Receive a servicence baryment form, a supplemental nonqualified rulement plan? Participate in, or ceave payment to france-ordenization surve or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation consultant in the aritings of: The o	SCHI	EDULE J	Compensation Information	OM	B No. 1	1545-0	047	
Complete if the organization as manyages Complete if the organization are manyages Complete if the organization are manyages Attach to Form 990. Yes Attach to Form 990. See separate instructions Compared the organization Complete if the organization Comp			For certain Officers, Directors, Trustees, Key Employees, and Highest	(<u> </u>			
Department be interview Part N, line 3. Oppose to Public Import in the organization Name of the organization A stach to Form 990. Xes esparate instructions. Engager distributions instructions. ARERICENA ACADEWY OF FAMILY PHYSICIANS FOUNDAT 44-6013671 Part II Questions Regarding Compensation 44-6013671 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 940, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Taxindemnification and gross-up payments Discretionary spending account Yes No b If any of the boxes on line 1a an checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expense described above? If 'No,' complete Part III to 2 Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all officers, directors, itrustises, and the CEO/Executive Director, regarding the lines shecked in line 1a? 1a 2 1a Indicate which, if any of the following the filling organization used to establish the compensation committee Independent compensation consultant Compensation committee Compensation committee 1a 3 Indicate which, if any of the solowing experiment or dange-of-control payment? Form 990 of other organizations Approval by the board or compensation committee 4a x	(Complete if the organization answered "Yes" to Form 990.					
PArtach to Form 980. P See separate instructions. Important AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT Employs identification number 44-6013671 Part I Questions Regarding Compensation 44-6013671 1a Check the appropriate box(s) if the organization provided any of the following to or for a person listed in Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Import to the personal residence in the organization and gross-up payments in a check the appropriate box(s) if the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Indicate which, if any, of the following the filing organization follow a written policy regarding payment or relimbursement or provision of sall of the expenses described above? If "No," complete Part III to explain. 1b 2 Indicate which, if any, of the following the filing organization schecked in line 1a? 1b 2 Oropensation committee indepandent compensation consultant Form 90 of other organization is a supplemental nonqualified retirement plan? 4a x 4 During the year, did any person listed in Form 900, Part VII, Section A, line 1a, with respect to the filing organization or calabileh companization and provide the applicable amounts for each item in Part III. 4a x 4 During the year, did any person listed in For	Departm	nent of the Treasury	Part IV, line 23.	_				
AMERICAN ACADEMY OF PAMILY PHYSICIANS FOUNDAT 44-6013671 PartI Questions Regarding Compensation A Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these lens.	Internal	Revenue Service					n	
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. If it row for companions Yes No Image: Company of the box(es) if the organization provide any relevant information regarding these terms. If any of the boxes on line 1a are checked, dif the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described boxe? If 'No' complete Part III to explain 1b 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? 1b 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. Written employment contract Compensation committee Written employment contract Compensation or arelated organization. 4 X 5 Form 990 of other organizations Suppreval by white board or compensation committee arelated organization? 4a X 4 X 4 X Yes' to any of lines 4a-C. list the persons and provide the applicable amounts for each item in Part III. Station?		Ū.				r		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 900. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the image:				013671				
1a Check the appropriate box(as) if the organization provide 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. Image: the section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the section A, line 1a. Complete Part III to provide any relevant information regarding payment or information residence and the sequences or inicitiation fore part or individing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Did the organization or establish to compensation of the organization or establish compensation or a the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation or the organization is establish compensation or an etablish compensation committee Image: Compensation committee Written employment contract Compensation or a releated organization Compensation committee Image: the vacar, idid any person listed in Form 990, Part VII, Section A, line 1a, did the organization or a lealated organization? 4a X Bb X Darrie tell or form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingend oreanization? 5a X	Part	Questio	ins Regarding Compensation			Vaa	No	
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal services (e.g., maid, chauffeur, chef) Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a writen policy regarding payment or reimbursing or allowing expenses incurred by all offices, directors, trustees, and the CEO/Executive Director, regaring the items checked in line 1a? 1b 2 Did the organization to establish the compensation or the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Morepression committee Written employment contract 2 1 Indicate which, if any, of the following the filing organization used to establish the compensation committee 3 participate in, or receive payment from 90. Part VII. Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, did any person listed in Form 90. Part VII. Section A, line 1a, did the organization committee 4b X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a X 6 Particip	1a	Check the an	propriate boy(es) if the organization provided any of the following to or for a person listed in	Form		res	NO	
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, furstees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b 3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization consultant Compensation consultant 2 Compensation committee Written employment contract 2 2 1 Indicate which, if any, of the following the filing organization survey or study Approval by the board or compensation or the description or related organization. 2 2 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to felling organization or receive payment from, an equity-based compensation arrangement? 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4b X c Particip	Ĩŭ							
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Petsonal services (e.g., maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 or sutup 2 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: 4a X 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: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X c 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: 5a X a								
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chaulfur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the 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. Use kaplain in Part III. 1b 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from, an equity-based compensation arrangement? 4a X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization in Part III. 5b X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 6 The organization? 5a X 7 Yes' to any of lines 4a-								
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all offices, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?. 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization committee 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization committee 2 4 Compensation committee Written employment contract 2 6 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 organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 4a X 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? 5a X 6 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Compensation or any elated organization: Compensation committee Written employment contract 4a X Participate in, or receive payment from, an equity-based compensation arrangement? 4c X Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5b X Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5b X Participate in, or receive payment from, an e								
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
 explain	b	If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding p	ayment				
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 1? 2 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 way boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 2 Compensation committee Written employment contract 3 Compensation committee Compensation study 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: 4a X 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: 4a X 4 Writen employment contract Compensation committee 4a X 4 Writen employment contract 4a X 4 Writen employment contract 4a X 4 X 4b X 4 X 4b X 4 X 4c X 5 For pe		explain	ament of provision of all of the expenses described above? If No, complete Par		1b			
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	2	Did the organ	nization require substantiation prior to reimbursing or allowing expenses incurred by all o	officers,				
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee Written employment contract Compensation committee Image: Compensation committee Written employment contract Compensation survey or study Approval by the board or compensation committee Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: Amproval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Amproval by the board or compensation committee 4 X Amproval by the board or compensation committee Amproval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Amy related organization? Sa X 5 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: Sa X 6 Any related organization? Sa		directors, trus	stees, and the CEO/Executive Director, regarding the items checked in line 1a?		2			
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee Written employment contract Compensation committee Image: Compensation committee Written employment contract Compensation survey or study Approval by the board or compensation committee Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: Amproval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Amproval by the board or compensation committee 4 X Amproval by the board or compensation committee Amproval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Amy related organization? Sa X 5 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: Sa X 6 Any related organization? Sa								
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Compensation consultant Form 990 of other organizations Compensation or a related organizations Compensation or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a equity-based compensation arrangement? For 990 of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization? Any related	3							
Compensation committee Written employment contract Compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 B X 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4 C X 4 The organization? 4b X 6 Participate in, or receive payment from, an equity-base dompensation arrangement? 4b X 16 Tyees" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X 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: 5a X 6 The organization? 5a X 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: 6a X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed p		•		а				
Independent compensation consultant Compensation survey or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, as upplemental nonqualified retirement plan? 4c f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 F or persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5a f "Yes" to line 6a or 6b, describe in Part III. 6a 6a X b Any related organization? 6a f "Yes" to line 6a or 6b, describe in Part III. 7 7 X 8 Yes" to line 6a or 6b, describe in Part III. 7 7 X 8 X 9<								
Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 X 4b X 5 Participate in, or receive payment from, an equity-based compensation arrangement? 4c X 4c X 4c X 4c X 4c X 4a X 4b X 4a X 4b X 4c X 4c X 4a X 4c X 4c X 4c X 4c X 4c X 5a X 5a X 5a Ar 5b X <td></td> <td>· ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		· ·						
 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? d ta d ta d ta x dta d ta x dta x dt								
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X d f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5a X 5b X compensation contingent on the net earnings of: 6a X 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 6b X f "Yes" to line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paym		Form 99	90 of other organizations Approval by the board or compensation comm	ittee				
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X ff "Yes" to line 5 ard 5b, describe in Part III. 6b X 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: 6b X a The organization? 6a X b Any related organization? 6b X c To persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Part III. 7 X 7 Vares "to line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported in Form 9	4							
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6b X b 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? I	_				4.		v	
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6a X if "Yes" to line 6a or 6b, describe in Part III. 6a X 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. 7 X 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 an Part III. 8 X 8 X <tr< td=""><td>a b</td><td>Receive a sev</td><td>er receive payment or change-or-control payment?</td><td>••••</td><td></td><td></td><td></td></tr<>	a b	Receive a sev	er receive payment or change-or-control payment?	••••				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Construct of the initial contract exception described in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X 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: 6a X 6 Any related organization? 6b X 16 "Yes" to line 6a or 6b, describe in Part III. 7 X 7 Eor 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. 7 X 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. 8 X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? b For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? compensation contingent on the net earnings of: a The organization? b Any related organization? compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" to line 6a or 6b, describe in Part III. 6a X 7 X 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 describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	L				40			
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described 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 Regulations section 53.4958-6(c)? g If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 								
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described 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 Regulations section 53.4958-6(c)? g If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		Only section	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
compensation contingent on the revenues of:5aa The organization?5bb Any related organization?5bif "Yes" to line 5a or 5b, describe in Part III.6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:a The organization?6ab Any related organization?6acompensition?6ab Any related organization?6bcompensities of 6b, describe in Part III.7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	5	-						
a The organization? 5a X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X compension contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X f "Yes" to line 6a or 6b, describe in Part III. 7 X 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. 7 X 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. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•						
b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 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. 7 X 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. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	The organizati	tion?		5a		Х	
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 K 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		Any related or	rganization?		5b		Х	
compensation contingent on the net earnings of: Image: Compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 6b 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 7 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. 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		If "Yes" to line	e 5a or 5b, describe in Part III.					
a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6							
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 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. 7 X 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 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•						
If "Yes" to line 6a or 6b, describe in Part III. Image: Additional and the second	а	The organizati	lion?		6a			
 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in generation for the presumption proc	b	Any related or	rganization?		6b		X	
payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
 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	7				_			
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	~				7		<u> </u>	
in Part III	8							
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							v	
Regulations section 53.4958-6(c)? 9	•				8		X	
	Э				٥			
	For P				-	rm 004) 2012	

Page 2

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
CRAIG M. DOANE	(i)	C	C	0	0	0	C	0
	(ii)	223,379.	3,200.	2,653.	27,972.	29,458.	286,662.	
DOUGLAS HENLEY, M.D.	(i)	C	C	0				
	(ii)	488,533.	25,200.	35,940.	30,000.	65,999.	645,672.	
	(i)							
	(ii)							
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

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)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

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. ΤF 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

AFTER THE 990 TAX RETURN HAS BEEN DRAFTED BY THE EXTERNAL AUDITOR, 1) 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 WHEN THE DISCUSSION IS OVER, THE AUDIT AND ADDRESS OUESTIONS. 4) COMMITTEE MEMBERS WILL VOTE TO MAKE A RECOMMENDATION TO THE BOARD TO

Schedule O (Form 990 or 990-EZ) 2012		
Name of the organization	Employer identification number	
AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT	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. ADDITIONALLY, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVALIABLE VIA THE FOUNDATION'S WEBSITE.

OTHER CHANGES IN NET ASSETS FORM 990 PART XI LINE 5 OTHER INCREASE IN NET ASSETS OF \$673,183 REPRESENTS UNREALIZED GAINS ON INVESTMENTS.

MEMBERSHIP INFORMATION

FORM 990 PART VI SECTION A QUESTIONS 6, 7A AND 7B QUESTION 6: THE 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 FOUNDATION.

Schedule O (Form 990 or 990-EZ) 2012	Pa
Name of the organization	Employer identification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT	44-6013671

FOUNDATION'S POLICIES FOR EXECUTIVE COMPENSATION: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (THE ACADEMY) ACTS ON BEHALF OF THE FOUNDATION IN THE INSTANCE OF DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR, UNDER THEIR POLICIES FOR EXECUTIVE EMPLOYEES. THE EXECUTIVE VICE PRESIDENT OF THE ACADEMY IS A MEMBER OF THE FOUNDATION'S EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES AND REPORTS TO THE EXECUTIVE COMMITTEE THIS INFORMATION DURING THE PERFORMANCE REVIEW FOR THE EXECUTIVE DIRECTOR. THE DISCUSSION IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES. SEE SCHEDULE J REGARDING THE ACADEMY'S POLICIES FOR EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL,GA,IL,KS,KY,ME,MD,MA,MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

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	509,554.
AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	ADMINISTRATIVE &MGMT	1,419,640.

PAGE 70

age 2

Schedule O (Form 990 or 990-EZ) 2012				Page 2
Name of the organization	Employer identificatio	n number		
AMERICAN ACADEMY OF FAMILY PHYSICIANS FO	UNDAT		44-6013673	1
			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST AND DIVIDENDS	291,78	0.		291,780.
CHANGE IN VALUE OF SPLIT-INTEREST AGR	9,42	7.		9,427.
EARNINGS OF SUBSIDIARY AAFP INSURANCE	1,047,94	9.		1,047,949.
TOTALS	1,349,15	6.		1,349,156.

FORM	990,	PART	VIII	_	EXCLUDED	CONTRIBUTIONS
DESCH	RIPTIO	ON				AMOUNT
VIP E	BENEF	ΓT				25,100.
MINI	AUCT	LON				61,080.
OTHEF	2					16,235.
TOTAI	പ					102,415.

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET INCOME DESCRIPTION INCOME EXPENSES VIP BENEFIT 22,750. 29,008. -6,258. MINI AUCTION 37,480. -37,480. OTHER 4,972. -4,972. TOTALS 22,750. 71,460. -48,710.

ATTACHMENT 6

ATTACHMENT 4

ATTACHMENT 5

JSA 2E1228 1.000

Schedule O (Form 990 or 990-EZ) 2012				Page 2
Name of the organization	Employer identific	ation number		
AMERICAN ACADEMY OF FAMILY PHYSICIANS	FOUNDAT		44-60136	571
		1	ATTACHMENT	6 (CONT'D)
FORM 990, PART IX - OTHER FEES		=		
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER FEES FOR SERVICES	3,259,615.	2,448,519.	366,076.	445,020.
TOTALS	3,259,615.	2,448,519.	366,076.	445,020.

FORM 990, PART X - PREP	AID EXPENSES AND I	DEFERRED CHARGES	
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES		150,367.	130,099.
	TOTALS	150,367.	130,099.

ATTACHMENT 8

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
COMMON AND PREFERRED STOCK	5,639,017.	6,191,288.	FMV
CORPORATE BONDS	1,373,115.	1,171,421.	FMV
EQUITY FUNDS	698,734.	656,565.	FMV
FIXED INCOME FUNDS	36,285.	717,034.	FMV
GOLD FUND	462,810.	493,353.	FMV
TREASURY AND AGENCY OBLIGATNS	1,110,481.	1,152,177.	FMV
INVESTMENT IN POOLED FUNDS AT	798,593.	921,434.	FMV

THE ACADEMY

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT	44-6013671
	ATTACHMENT 8 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
	TOTALS	10,119,035.	11,303,272.	

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

See separate instructions.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

JSA 2E1307 1.000

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDAT

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		on longin country)			
(2)					
(3)					
(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	Section 5 cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051							
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501(C)(6)		N/A		Х
_(2)							
_(3)							
_(4)							
(5)							
(6)							
_(7)							

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

11:14:13 AM

51P1ZD K501 6/14/2013

Schedule R (Form 990) 2012

OMB No. 1545-0047

2

Employer identification number

44-6013671

Open to Public

Inspection

2

Page **2**

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.)

	nere related erge			aranoromp daring are	tax youri)							
(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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u>												
_(2)												
_(3)												
(4)												
(5)												
(6)												

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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(b	o)(13) rolled
								Yes	No
(1) AAFP INSURANCE SERVICES 43-1226253	_								
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66207	INSURANCE ADM	KS	AAFP FOUNDATION	C CORP	1,047,949.	4,730,143.	100.0000		
(2)	-								
(3)	-								
(4)	-								
(5)	-								
(6)	-								
(7)	-								

Schedule R (Form 990) 2012

JSA

Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Y	es No	
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	a	X	
b	Gift, grant, or capital contribution to related organization(s)			1		X	
С	Gift, grant, or capital contribution from related organization(s)			1	-	x	
d	Loans or loan guarantees to or for related organization(s)				d	X	
е	Loans or loan guarantees by related organization(s)			1	e	X	
f	Dividends from related organization(s)			1	-	x	
g	Sale of assets to related organization(s)			1	g	X	
h	Purchase of assets from related organization(s)			1	h	X	
	Exchange of assets with related organization(s)				i	X	
	Lease of facilities, equipment, or other assets to related organization(s)				j	X	
c	Lease of facilities, equipment, or other assets from related organization(s)			1	k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)						
m	Performance of services or membership or fundraising solicitations by related organization(s)			1	m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	X	
D	Sharing of paid employees with related organization(s)			1	0	X	
р	Reimbursement paid to related organization(s) for expenses			1	p	x	
q	Reimbursement paid by related organization(s) for expenses			1		X	
r	Other transfer of cash or property to related organization(s)				r	X	
s	Other transfer of cash or property from related organization(s)		<u> </u>	<u></u> 1	s	X	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	red relationships and transa	action thresho			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(c Method of c amount	leterm		
)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	В	1,419,640.	CASH PA	ID		
2)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	С	329,138.	CASH RE	CEIV	/ED	
3)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	0	1,723,092.	CASH PA	ID		
4)	AAFP INSURANCE SERVICES	F	931,000.	CASH RE	CEIV	/ED	
5)							
6)							
SA				Schedule R (F	orm 9	90) 201:	
09 1.00	51P1ZD K501 6/14/2013 11:14:13 AM 700			PAGE	76		

44-6013671

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	sec 501(partners tion	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
[11]															
(12)															
(13)															
14)															
15)															
(16)															

Schedule R (Form 990) 2012

Schedule R (F	orm 990) 2012	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	