

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20__

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Name and title of officer

CRAIG M DOANE, EXECUTIVE DIRECTOR

Employer identification number

44-6013671

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	...	1b	5,908,021.
2a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	...	2b	
3a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	...	3b	
4a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	...	4b	
5a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	...	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN

8	8	3	2	2
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

7/24/2014

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4	3	0	3	2	5	4	4	0	1	6
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

JUL 23 2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION Doing Business As			D Employer identification number 44-6013671	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (913) 906-6000	
	11400 TOMAHAWK CREEK PARKWAY		440		
	City or town, state or province, country, and ZIP or foreign postal code LEAWOOD, KS 66211				
F Name and address of principal officer: CRAIG M DOANE 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211			G Gross receipts \$ 10,434,074. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.AAFPFFOUNDATION.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1958 M State of legal domicile: KS		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19.	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0	
	6 Total number of volunteers (estimate if necessary)	6 172.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,640,662.	4,169,256.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,618,471.	1,743,328.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-48,710.	-4,563.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,210,423.	5,908,021.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,422,575.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,275.	26,775.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 843,494.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,018,326.	3,909,498.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,469,176.	5,542,523.
19 Revenue less expenses. Subtract line 18 from line 12		741,247.	365,498.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	22,749,780.	22,430,219.
	21 Total liabilities (Part X, line 26)	7,365,876.	5,330,699.
	22 Net assets or fund balances. Subtract line 21 from line 20.	15,383,904.	17,099,520.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer CRAIG M DOANE EXECUTIVE DIRECTOR		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KEVIN ENSMINGER, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01310558
	Firm's name ▶ BKD, LLP		Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246		Phone no. 816 221-6300	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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 filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return 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 (other than individual)	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

Telephone No. ► 913 906-6000 FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2013 or

► tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
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	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,288,795. including grants of \$ 1,604,810.) (Revenue \$)

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

4b (Code:) (Expenses \$ 211,473. including grants of \$ 1,440.) (Revenue \$)

THE CENTER FOR THE HISTORY OF FAMILY MEDICINE WAS OFFICIALLY
ESTABLISHED IN 1992 TO PROMOTE SCHOLARSHIP IN THE HISTORY OF THE
SPECIALTY. THE CENTER ACTIVELY COLLECTS, ORGANIZES, PRESERVES AND
PROVIDES ACCESS TO THE RECORDS OF THE LEADING FAMILY MEDICINE
ORGANIZATIONS INVOLVED IN ALL ASPECTS OF THE DISCIPLINE. IT SEEKS
PERSONAL AND PROFESSIONAL PAPERS OF DOCTORS PRACTICING THE
DISCIPLINE IN THE CENTURIES LONG BEFORE 1969, WHEN IT OFFICIALLY
BECAME THE 20TH SPECIALTY IN AMERICAN MEDICINE. IT DESIGNS AND
EXHIBITS MATERIALS FROM ITS COLLECTIONS THAT HIGHLIGHT THE
SPECIALTY'S HISTORY. CHFAM ALSO CREATES ON-LINE EXHIBITS AND
INFORMATION ON ITS VARIOUS COLLECTIONS VIA THE CENTER'S WEB SITE.

4c (Code:) (Expenses \$ 1,649,740. including grants of \$) (Revenue \$)

PEERS FOR PROGRESS EVALUATES, DEMONSTRATES AND PROMOTES
PEER SUPPORT FOR DIABETES MANAGEMENT AROUND THE WORLD.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,150,008.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRENDA GASTON 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 913-906-6000

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY JO WELKER, MD, FAAFP BOARD MEMBER\PRESIDENT	8.00 2.00	X		X				9,225.	900.	0
(2) JANE A. WEIDA, MD, FAAFP BOARD MEMBER\VICE PRESIDENT	2.00 2.00	X		X				4,050.	450.	0
(3) JASON E. MARKER, MD BOARD MEMBER\TREASURER	2.00 2.00	X		X				4,950.	0	0
(4) DANIEL R. SPOGEN, MD, FAAFP BOARD MEMBER\ACADEMY 2014	1.00 8.00	X						0	28,162.	0
(5) HARRY CLIFTON KNIGHT, JR., MD BOARD MEMBER\ACADEMY 2014	1.00 8.00	X						0	12,708.	0
(6) P. BRENT SMITH, MD BOARD MEMBER\AT-LARGE 2015	1.00 1.00	X						600.	600.	0
(7) EVELYN L. LEWIS & CLARK, MD BOARD MEMBER\AT-LARGE 2013	1.00 1.00	X						300.	300.	0
(8) S. HUGHES MELTON, MD, FAAFP BOARD MEMBER\AT-LARGE 2014	1.00 1.00	X						300.	600.	0
(9) TIMOTHY D. CALLAHAN BOARD MEMBER\CORPORATE 2015	1.00 1.00	X						0	0	0
(10) ANNE W. BERRY, MA BOARD MEMBER\CORPORATE 2013	1.00 1.00	X						0	0	0
(11) PAMELA BENNETT, RN, BSN BOARD MEMBER\CORPORATE 2014	1.00 1.00	X						0	0	0
(12) DONALD W. DISTASIO BOARD MEMBER\PUBLIC 2013	1.00 1.00	X						600.	0	0
(13) WILLIAM L. BRUNING, JD, MBA BOARD MEMBER\PUBLIC 2014	1.00 1.00	X						900.	0	0
(14) JON D. NORTH, MBA BOARD MEMBER\PUBLIC 2015	1.00 1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) DOUGLAS A. SPOTTS, MD, FAAFP BOARD MEMBER\CHAPTER 2015	1.00	X						1,200.	320.	0
16) MICHELLE F. JONES, MD, FAAFP BOARD MEMBER\CHAPTER 2013	1.00	X						900.	0	0
17) DALE C. MOQUIST, MD, FAAFP BOARD MEMBER\CHAPTER 2014	1.00	X						1,200.	150.	0
18) DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO	1.00 39.00	X						0	619,609.	101,497.
19) JESSICA NICHOLE JOHNSON, MD BOARD MEMBER\RESIDENT 2014	1.00 8.00	X						0	0	0
20) NATHANIEL E. LEPP, MPH, MSIV BOARD MEMBER\STUDENT 2014	1.00	X						600.	0	0
21) WANDA D. FILER, MD BOARD MEMBER-RESIGNED OCT 13	1.00 8.00	X						0	36,796.	0
22) RICHARD F. MADDEN, JR., MD BOARD MEMBER-RESIGNED OCT 13	1.00 8.00	X						0	29,597.	0
23) KEVIN M. BERNSTEIN, MD BOARD MEMBER-RESIGNED OCT 13	1.00 1.00	X						600.	2,489.	0
24) ALISHA E. MAULER BOARD MEMBER-RESIGNED OCT 13	1.00 1.00	X						900.	2,000.	0
25) CRAIG M. DOANE EXECUTIVE DIRECTOR	20.00 20.00			X				0	244,162.	60,120.
1b Sub-total								20,925.	43,720.	0
c Total from continuation sheets to Part VII, Section A								5,400.	1,068,438.	179,435.
d Total (add lines 1b and 1c)								26,325.	1,112,158.	179,435.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LORI FOLEY DIRECTOR STRATEGIC PARTNERSHIP	16.00 24.00					X		0 133,315.	17,818.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	28,099.				
	d Related organizations	1d	336,441.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,804,716.				
	g Noncash contributions included in lines 1a-1f: \$		23,169.				
	h Total. Add lines 1a-1f		4,169,256.				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,245,156.			1,245,156.	
	4 Income from investment of tax-exempt bond proceeds . . .		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		498,172.			498,172.	
	8a Gross income from fundraising events (not including \$ 28,099. of contributions reported on line 1c). See Part IV, line 18	a	45,063.				
		b Less: direct expenses	b	49,626.			
c Net income or (loss) from fundraising events			-4,563.			-4,563.	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		5,908,021.			1,738,765.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	1,571,760.	1,571,760.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	34,490.	34,490.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	26,775.	4,125.	17,400.	5,250.
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):				
a Management	0			
b Legal	117.	117.		
c Accounting	20,751.		20,751.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	77,251.	11,428.	65,823.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	3,213,651.	2,318,573.	371,390.	523,688.
12 Advertising and promotion	23,246.	14,462.		8,784.
13 Office expenses	9,778.	6,665.	627.	2,486.
14 Information technology	43,539.	12,392.		31,147.
15 Royalties	0			
16 Occupancy	0			
17 Travel	154,253.	64,917.	43,158.	46,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	143,382.	8,220.	15,685.	119,477.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,631.	236.	332.	14,063.
23 Insurance	9,214.	2,624.	6,590.	
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 <u>MAILING SERVICES AND POSTAGE</u>	54,465.	26,734.	423.	27,308.
b <u>DESIGN AND PRINTING</u>	107,060.	63,233.	3,977.	39,850.
c <u>OTHER PROGRAM EXPENSES</u>	7,298.	7,298.		
d <u>MISCELLANEOUS EXPENSES</u>	30,862.	2,734.	2,865.	25,263.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,542,523.	4,150,008.	549,021.	843,494.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	9,603,170.	2	6,308,726.
	3 Pledges and grants receivable, net	36,321.	3	41,969.
	4 Accounts receivable, net	152,581.	4	250,930.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	130,099.	9	168,198.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 262,068.		
	b Less: accumulated depreciation	10b 252,003.	24,696.	10c 10,065.
	11 Investments - publicly traded securities	11,303,272.	11	14,151,634.
	12 Investments - other securities. See Part IV, line 11	1,499,641.	12	1,498,697.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,749,780.	16	22,430,219.	
Liabilities	17 Accounts payable and accrued expenses	1,727,392.	17	1,054,116.
	18 Grants payable	380,434.	18	549,098.
	19 Deferred revenue	5,222,911.	19	3,691,409.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,139.	25	36,076.
	26 Total liabilities. Add lines 17 through 25	7,365,876.	26	5,330,699.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,817,122.	27	14,203,340.
	28 Temporarily restricted net assets	1,035,077.	28	1,469,751.
	29 Permanently restricted net assets	1,531,705.	29	1,426,429.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,383,904.	33	17,099,520.
34 Total liabilities and net assets/fund balances	22,749,780.	34	22,430,219.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,908,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,542,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	365,498.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,383,904.
5	Net unrealized gains (losses) on investments	5	1,282,767.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	67,351.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,099,520.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION**

Employer identification number
44-6013671

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

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

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

	Yes	No
11g(i)		X
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) AAFP	44-0536051	07	X						1,806,301.
(B)									
(C)									
(D)									
(E)									
Total									1,806,301.

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
--	---

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 5,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 5,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 5,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 6,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 15,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 23,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 43,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 341,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 112,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 151,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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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
11	IN-KIND AUCTION ITEMS ----- ----- -----	\$ 3,570.	12/31/2013
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

Employer identification number 44-6013671

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,753,722.	9,598,550.	9,646,283.	8,539,777.	7,039,383.
b Contributions	134,466.	148,300.	94,570.	186,009.	91,127.
c Net investment earnings, gains, and losses	1,832,341.	1,076,207.	-76,692.	971,713.	1,491,805.
d Grants or scholarships					
e Other expenditures for facilities and programs	600.	600.	600.	1,200.	40,017.
f Administrative expenses	73,890.	68,735.	65,011.	50,016.	42,521.
g End of year balance	12,646,039.	10,753,722.	9,598,550.	9,646,283.	8,539,777.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 85.0100 %
 - b Permanent endowment 11.2800 %
 - c Temporarily restricted endowment 3.7100 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		262,067.	252,002.	10,065.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,065.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN AFFILIATE	1,498,697.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,498,697.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO LIFE BENEFICIARY	36,076.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,076.

2. Liability for uncertain tax positions. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,908,021.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,542,523.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

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.

LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

SCHEDULE D, PART X

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

OTHER - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12

SCHEDULE D, PART XI, LINE 2D

RELATED ORGANIZATION REVENUE	\$ 3,803,999
FUNDRAISING EXPENSES	19,707

TOTAL	\$ 3,823,706

Part XIII Supplemental Information (continued)

OTHER - REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1

SCHEDULE D, PART XI, LINE 4B

DIVIDEND RECEIVED FROM RELATED ORGANIZATION \$ 956,000

OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25

SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATION EXPENSES \$ 2,800,355

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
FOUNDATION AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number
44-6013671

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
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7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VIP BENEFIT (event type)	MINI AUCTION (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	39,950.	23,377.	9,835.	73,162.
	2 Less: Contributions	19,950.	1,374.	6,775.	28,099.
	3 Gross income (line 1 minus line 2)	20,000.	22,003.	3,060.	45,063.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		22,003.	3,060.	25,063.
	6 Rent/facility costs	20,768.			20,768.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,719.	202.	1,874.	3,795.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				49,626.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-4,563.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS
FOUNDATION**

Employer identification number
44-6013671

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY	44-0536051	501(C)(6)	869,289.				VARIOUS PROGRAM SUPP
(2) HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE, SUITE 300	48-1108359	501(C)(3)	122,941.				US & INT'L DISASTER
(3) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD	95-3949646	501(C)(3)	22,600.				TYPHOON DISASTER REL
(4) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST, SUITE 113	54-6001758	501(C)(3)	61,856.				GRANT GENERATING PRO
(5) THE BETHESDA LIFE CENTER, INC. PO BOX 8348; 321 19TH STREET ENSLEY	20-2626345	501(C)(3)	7,500.				CFL COLLABORATION AW
(6) BLACK PEOPLE RUN BIKE AND SWIM PO BOX 1661 BIRMINGHAM, AL 35203	38-3866742	CORP	7,500.				CFL COLLABORATION AW
(7) BROADLAWNS MEDICAL CENTER 1801 HICKMAN RD DES MOINES, IA 50314	42-6005830	501(C)(3)	11,000.				IMMUNIZATION AWARDS
(8) BROOKLYN HOSPITAL CENTER 121 DEKALB AVE BROOKLYN, NY 11205	11-1630755	501(C)(3)	6,000.				IMMUNIZATION AWARDS
(9) CALIFORNIA AFP FOUNDATION 1520 PACIFIC AVE. SAN FRANCISCO, CA 94109	94-2938597	501(C)(3)	9,750.				FMPC, EXTERNSHIPS
(10) CATHOLIC HEALTH INITIATIVES COLORADO 109 INVERNESS DR E, SUITE J	84-0405257	501(C)(3)	11,000.				IMMUNIZATION AWARDS
(11) COLORADO AFP 2224 S FRASER ST, UNIT 1 AURORA, CO 80014	84-6044788	501(C)(6)	7,000.				FMPC GRANT
(12) CONGREGATIONAL HEALTH PROGRAM 800 LAKESHORE DRIVE BIRMINGHAM, AL 35229	63-0312914	501(C)(3)	7,500.				CFL COLLABORATION AW

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

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

Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS
FOUNDATION**

Employer identification number
44-6013671

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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) CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68154	47-0376583	501(C)(3)	11,000.				IMMUNIZATION AWARDS
(2) EAST TENNESSEE STATE UNIVERSITY 807 UNIVERSITY PARKWAY	62-6021046	GOVT/EDUC INST	7,500.				RESEARCH GRANT
(3) FRONT ROYAL FAMILY PRACTICE PC 140 W 11 ST FRONT ROYAL, VA 22630	54-1478427	CORP	7,500.				RESEARCH GRANT
(4) HOWARD UNIVERSITY 2041 GEORGIA AVE, NW WASHINGTON, DC 20060	53-0196961	501(C)(3)	6,000.				IMMUNIZATION AWARDS
(5) JEFFERSON COUNTY LIBRARY COOPERATIVE 2100 PARK PLACE BIRMINGHAM, AL 35203	63-0894761	501(C)(3)	7,500.				CFL COLLABORATION AW
(6) KANSAS AFP FOUNDATION 7570 W 21ST N, BLDG 1046 C	68-0962251	501(C)(3)	7,000.				FMPC, EXTERNSHIPS
(7) MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD JR. BLVD.	62-0488046	501(C)(3)	11,000.				IMMUNIZATION AWARDS
(8) MICHIGAN AFP FOUNDATION 2164 COMMONS PKWY OKEMOS, MI 48864	38-2381592	501(C)(3)	6,000.				FMPC GRANT
(9) MONTGOMERY COUNTY FREE CLINIC, INC. PO BOX 86 CRAWFORDSVILLE, IN 47933	27-1198512	501(C)(3)	18,870.				FAMILY MEDICINE CARE
(10) NORTH CAROLINA AFP FOUNDATION PO BOX 10278 RALEIGH, NC 27605	56-1686052	501(C)(3)	7,000.				FMPC GRANT
(11) OHIO UNIVERSITY 280 WEST UNION STREET OFFICE CENTER	31-6402113	GOVT/EDUC INST	7,500.				RESEARCH GRANT
(12) OREGON AFP 1717 NE 42ND AVE, SUITE 2103	93-0423900	501(C)(6)	7,500.				FMPC GRANT

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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

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

▶ Attach to Form 990.

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

Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS
FOUNDATION**

Employer identification number
44-6013671

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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) PROVIDENCE HOSPITAL 1150 VARNUM ST NE WASHINGTON, DC 20017	53-0196636	501(C)(3)	6,000.				IMMUNIZATION AWARDS
(2) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY ASB III, 3 RUTGERS PLAZA	46-2354111	GOVT/EDUC INST	38,358.				RESEARCH GRANT
(3) SOUTHEAST INDIANA HEALTH CENTER 374 NORTHSIDE DRIVE, SUITE F	46-1260760	CORP	17,360.				FAMILY MEDICINE CARE
(4) ST. LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD	43-0654872	501(C)(3)	47,896.				RESEARCH GRANT
(5) SUTTER WEST BAY HOSPITALS PO BOX 7999 SAN FRANCISCO, CA 94120	94-0562680	501(C)(3)	10,500.				RESIDENT SERVICE AWA
(6) THE MILLS HEALTH CLINIC 13207 MINNETONKA DRIVE MINNETONKA, MN 55305	45-5279262	501(C)(3)	8,800.				FAMILY MEDICINE CARE
(7) THE RESEARCH FOUNDATION FOR SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	7,500.				RESEARCH GRANT
(8) THE UNIVERSITY OF TEXAS 301 UNIVERSITY BLVD. GALVESTON, TX 77555	74-6000949	GOVT/EDUC INST	49,743.				RESEARCH GRANT
(9) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	50,000.				RESEARCH GRANT
(10) UNIVERSITY AT BUFFALO 1315 JEFFERSON AVENUE BUFFALO, NY 14208	14-6013200	GOVT/EDUC INST	7,500.				RESEARCH GRANT
(11) UNIVERSITY OF UTAH 375 CHIPETA WAY, SUITE A	87-6000525	501(C)(3)	6,000.				IMMUNIZATION AWARDS
(12) VIA CHRISTI FOUNDATION 1156 S CLIFTON WICHITA, KS 67218	48-1172107	501(C)(3)	6,000.				IMMUNIZATION AWARDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **30**

3 Enter total number of other organizations listed in the line 1 table **6**

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

Schedule I (Form 990) (2013)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESIDENT SERVICE AWARD	1.	1,000.			
2 TEACHER DEVELOPMENT AWARDS	2.	4,000.			
3 RESIDENT RESEARCH GRANTS	3.	2,550.			
4 CHFM FELLOWSHIP	1.	1,440.			
5 STERN LECTURESHIP	1.	1,500.			
6					
7					

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.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

PART I, LINE 2.

THE FOUNDATION ADMINISTERS SEVERAL GRANT AND AWARD PROGRAMS TO ACHIEVE

ITS GOALS. BASED ON THE TYPE OF PROGRAM, THE PROCEDURES MAY VARY

SLIGHTLY AS FOLLOWS:

BOARD-APPROVED AND FISCAL SPONSOR GRANTS - PRIMARILY PROVIDES SUPPORT FOR

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

AND THE FOUNDATION TO SET FORTH THE TERMS AND CONDITIONS FOR RECEIPT OF

GRANT FUNDS. A FULLY EXECUTED LOA IS REQUIRED BEFORE ANY FUNDS ARE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DISBURSED AND ONE OR MORE FINANCIAL AND PROGRESS REPORTS (DEPENDING ON LENGTH OF PROGRAM) ARE REQUIRED FOR DISBURSEMENT OF FUNDS. THE FOUNDATION'S GRANT SPECIALIST REVIEWS THE REPORT FOR COMPLIANCE WITH REPORTING REQUIREMENTS AS STATED IN THE LOA, AND IN ACCORDANCE WITH GUIDELINES REGULATING NON-PROFIT AGENCIES.

STUDENT EXTERNSHIP MATCHING GRANTS - ARE AVAILABLE ONLY TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS. MATCHING GRANTS ARE USED TO STIMULATE INTEREST AMONG MEDICAL STUDENTS TO PURSUE A CAREER IN FAMILY MEDICINE. CONSTITUENT CHAPTERS/CHAPTER FOUNDATIONS SUBMIT A LETTER OF

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

INTENT WHICH SERVES AS VERIFICATION OF MATCHING FUNDS TO SUPPORT CLINICAL AND/OR RESEARCH MEDICAL STUDENT EXTERNSHIPS IN THEIR STATE. MATCHING GRANTS ARE AWARDED IN FEBRUARY AND DISBURSEMENT OF THE FUNDS TO CHAPTERS/CHAPTER FOUNDATIONS IS CONTINGENT UPON SUBMISSION OF A REQUEST FOR PAYMENT FORM, WHICH VERIFIES THE EXTERNSHIP ACTIVITIES. THE COMPLETED REQUEST FOR PAYMENT IS REVIEWED AND APPROVED BY THE PROGRAM SPECIALIST AND ALL FUNDS ARE DISTRIBUTED PRIOR TO DECEMBER 31 OF EACH YEAR.

IMMUNIZATION AWARDS - IS A COMPETITIVE AWARD PROGRAM AVAILABLE ONLY TO FAMILY MEDICINE RESIDENCY PROGRAMS ACHIEVING HIGH OR IMPROVED

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IMMUNIZATION RATES OR IMPLEMENTING A SYSTEM TO IMPROVE CHILDHOOD OR ADULT

IMMUNIZATION RATES IN MEDICALLY UNDERSERVED AREAS. A SLATE OF AWARD

RECIPIENTS IS DETERMINED BY A 7-MEMBER IMMUNIZATION AWARDS COMMITTEE,

WHICH REVIEWS AND SCORES ALL APPLICATIONS. THE SLATE RECEIVES FINAL

APPROVAL BY AAFP FOUNDATION BOARD OF TRUSTEES. DISBURSEMENT OF THE

MONETARY AWARD IS MADE UPON ANNOUNCEMENT OF THE AWARDS.

PFIZER TEACHER DEVELOPMENT AWARDS - IS A COMPETITIVE AWARD PROGRAM

AVAILABLE ONLY TO NEW, COMMUNITY-BASED FAMILY PHYSICIANS (GRADUATES FROM

AN ACGME-APPROVED FAMILY MEDICINE RESIDENCY PROGRAM WITHIN THE PAST SIX

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

YEARS) THAT ARE PART-TIME TEACHERS OF FAMILY MEDICINE. A SLATE OF AWARD RECIPIENTS IS DETERMINED BY THE 4-MEMBER TEACHER DEVELOPMENT SUBCOMMITTEE OF THE BOARD OF TRUSTEES AND APPROVED BY THE AAFP BOARD. DISBURSEMENT OF THE MONETARY AWARD, WHICH IS TO BE USED BY THE RECIPIENT FOR A SKILL-BUILDING OPPORTUNITY OF CHOICE, AND BY THE TEACHING CENTER TO HELP HOST A RECOGNITION CEREMONY FOR THE RECIPIENT, IS MADE AS REQUESTED BY THE RECIPIENT AND THE RECIPIENT'S TEACHING CENTER.

FAMILY MEDICINE PHILANTHROPIC CONSORTIUM (FMPC) GRANT AWARDS - PROVIDE FOR GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMPC REVIEW COMMITTEE WHICH IS MADE UP OF THE FMPC STEERING COMMITTEE. EACH APPLICATION IS REVIEWED AND SCORED BY FOUR REVIEWERS, WITH AT LEAST ONE PHYSICIAN REVIEWER. SPECIAL CARE IS TAKEN THAT NO CONFLICT OF INTEREST EXISTS WITH ANY OF THE REVIEWERS. ONCE FINAL APPROVAL IS RECEIVED FROM THE FMPC, IT MUST BE APPROVED BY THE FOUNDATION'S BOARD OF TRUSTEES. GRANT AWARDS ARE ANNOUNCED IN DECEMBER. THE GRANT CYCLE RUNS FROM FEBRUARY TO JANUARY OF THE YEAR FOLLOWING THE ANNOUNCEMENT. AN FMPC GRANT AWARD AGREEMENT IS CREATED AND SIGNED BY ALL PARTIES. A FINAL REPORT SUMMARIZING PROGRAM IMPLEMENTATION AND FINAL BUDGET IS DUE THE FOLLOWING MARCH. THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOUNDATION'S PROGRAM SPECIALIST REVIEWS ALL REPORTS AND FINANCIAL SUBMISSION. ANY EXTENSION OF THE GRANT PERIOD REQUIRES A WRITTEN REQUEST NO LATER THAN 30 DAYS PRIOR TO THE GRANT PERIOD END DATE. ANY AMOUNTS UNSPENT MUST BE REPAYED TO THE FOUNDATION.

RESEARCH GRANT AWARDS - INCLUDES JOINT GRANT AWARDS PROGRAM (JGAP), RESIDENT RESEARCH GRANT AWARDS, AND RESEARCH STIMULATION GRANTS. THESE GRANTS ARE AWARDED TO FAMILY MEDICINE PHYSICIANS, FAMILY MEDICINE ORGANIZATIONS OR ASSOCIATIONS, DEPARTMENTS OF FAMILY MEDICINE, OR HEALTH CARE INSTITUTIONS IN SUPPORT OF RESEARCH OF VALUE TO THE PRACTICING

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FAMILY PHYSICIAN. APPLICATIONS WITH A DETAILED BUDGET ARE RECEIVED AND REVIEWED BY THE AAFP FOUNDATION RESEARCH COMMITTEE (RC). FINAL APPROVAL IS GIVEN BY THE FOUNDATION'S BOARD OF TRUSTEES. ONCE APPROVED, FOUNDATION'S PROGRAM ADMINISTRATOR WILL REVIEW SUBMISSION OF WRITTEN REPORTS RECEIVED AT THE MIDPOINT AND UPON COMPLETION OF THE PROJECT. NINETY PERCENT OF THE AWARD WILL BE PAID PERIODICALLY IF TIMELINE IS OVER SIX MONTHS. THE REMAINING TEN PERCENT WILL BE DISTRIBUTED UPON REVIEW OF FINAL FINANCIAL AND PROGRESS REPORTS. IF FUNDS HAVE NOT ALL BEEN USED, THEY MUST BE RETURNED TO THE FOUNDATION.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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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.

FAMILY MEDICINE CARES USA - 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 TIME AND TALENTS. GRANT AWARDS ARE FOR AS MUCH AS \$25,000. GRANTS ARE APPLIED FOR ON A ROLLING BASIS. THE PROPOSALS ARE REVIEWED AND GRANTS AWARDED BY THE FAMILY MEDICINE CARES USA STEERING COMMITTEE. THE SELECTIONS ARE THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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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.

FUNDS ARE DISTRIBUTED ON A 80%-20% BASIS. THE INITIAL 80% IS DISTRIBUTED UPON RECEIPT OF THE FREE CLINIC'S SIGNED APPLICANT AGREEMENT AND THE SUBSTITUTE W-9 FORM. THE FINAL 20% DISTRIBUTION IS ALLOCATED UPON RECEIPT OF THE GRANT FUND RECONCILIATION FORM DOCUMENTING THE USE OF THE FAMILY MEDICINE CARES GRANT FUNDS AND RECEIPTS FOR EXPENDITURES.

FAMILY MEDICINE CARES RESIDENT SERVICE AWARD - LAUNCHED IN 2013, THIS \$16,500 COMPETITIVE AWARD PROVIDES AN OPPORTUNITY FOR FIRST-OR SECOND-YEAR FAMILY MEDICINE RESIDENTS TO ADDRESS HEALTH DISPARITIES BY CONDUCTING A PROJECT IN A FREE CLINIC OR SIMILAR VENUE TO ENHANCE THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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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.

SERVICES ALREADY OFFERED. THE PROPOSALS ARE REVIEWED AND THE SLATE OF ONE RECIPIENT IS RECOMMENDED BY THE 4-MEMBER FAMILY MEDICINE CARES USA RESIDENT SERVICE AWARD SUBCOMMITTEE. THE RECOMMENDATION IS THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL. THE \$16,500 AWARD CONSISTS OF MULTIPLE ELEMENTS: \$10,000 TO THE RESIDENT TO COVER PROGRAM COSTS; \$5,000 TO THE FREE CLINIC (OR OTHER HEALTH CARE FACILITY) WHERE THE SERVICE AWARD IS IMPLEMENTED; \$1,000 TRAVEL AWARD FOR THE RESIDENT TO ATTEND THE NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO PRESENT THE RESULTS OF THE PROJECT; AND A \$500 STIPEND TO THE RESIDENCY PROGRAM TO CELEBRATE AND RECOGNIZE THE RESIDENT AWARD RECIPIENT.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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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.

FOLLOWING ANNOUNCEMENT OF THE AWARD THE RESIDENCY PROGRAM AND HEALTH CLINIC ARE SENT THE AWARD PAYMENT & 990 INFORMATION FORM FOR COMPLETION. DISTRIBUTION OF THE FUNDS BEGINS AFTER RECEIPT OF THIS INFORMATION, AS FOLLOWS: THE \$10,000 AWARD FOR THE RESIDENT IS DISTRIBUTED THROUGH THE FAMILY MEDICINE RESIDENCY PROGRAM IN THREE PAYMENTS: \$6,000 AT THE START OF THE PROJECT; \$2,000 AFTER THE INTERIM REPORT; AND \$2,000 AFTER RECEIPT OF THE FINAL REPORT. THE \$500 STIPEND FOR THE RESIDENCY IS DISTRIBUTED UPON RECEIPT OF PAYMENT INFORMATION; THE \$5,000 AWARD FOR THE CLINIC IS DISTRIBUTED IN TWO PAYMENTS: \$2,500 AT THE START OF THE PROJECT; AND \$2,500 FOLLOWING THE INTERIM REPORT. THE \$1,000 TRAVEL AWARD FOR THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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7					

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.

RESIDENT IS DISTRIBUTED AS A REIMBURSEMENT FOLLOWING SUBMISSION OF EXPENSES.

CITIES FOR LIFE COLLABORATION AWARDS - THE GRANT AWARDS WERE PROVIDED TO PAIRS OF COMMUNITY ACTION TEAM MEMBERS (OR GROUPS OF THREE OR MORE MEMBERS WHICH WERE LOCAL ORGANIZATIONS) TO WORK TOGETHER TO ENHANCE, EXPAND OR INITIATE PROGRAMS THAT ARE HELPFUL TO PEOPLE AT RISK FOR OR LIVING WITH DIABETES IN BIRMINGHAM, ALABAMA. APPLICATIONS ARE REVIEWED AND APPROVED BY THE DIRECTOR OF PROGRAMS FOR THE AAFP FOUNDATION AND THE GLOBAL DIRECTOR OF PEERS FOR PROGRESS ALONG WITH 3 REVIEWERS FROM THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
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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.

NATIONAL RESEARCH NETWORK. RECIPIENTS RECEIVE 90% OF THE GRANT FUNDS
 FOLLOWING APPROVAL OF THE APPLICATION AND THE REMAINING 10% FOLLOWING
 SUBMISSION OF THE REQUIRED FINAL REPORT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS
FOUNDATION

Employer identification number
44-6013671

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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** Yes No

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** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG M. DOANE EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	233,705.	5,540.	4,917.	29,476.	30,644.	304,282.	
2 DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	509,106.	50,540.	59,963.	30,600.	70,897.	721,106.	
3 LORI FOLEY DIRECTOR STRATEGIC PARTNERSHIP	(i)	0	0	0	0	0	0	0
	(ii)	88,628.	1,040.	43,647.	6,160.	11,658.	151,133.	
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

ESTABLISHING COMPENSATION

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 POSITIONS.

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.

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DOUGLAS HENLEY \$ 48,835

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS' SUPPLEMENTAL RETIREMENT PLAN IS A NON-QUALIFIED PLAN FOR THOSE WHO EXCEED THE IRS MAXIMUM RETIREMENT COMPENSATION. THE INTENT IS TO MATCH THE RETIREMENT CONTRIBUTIONS HAD THE MAXIMUMS NOT BEEN IN PLACE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
FOUNDATION

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number
44-6013671

MISSION AND SIGNIFICANT ACTIVITIES

FORM 990, PART I, LINE 1

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.

BUSINESS/FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

CRAIG DOANE, DANIEL SPOGEN, HARRY KNIGHT, DOUGLAS HENLEY, WANDA FILER, RICHARD MADDEN, KEVIN BERNSTEIN, ALISHA MAULER AND JESSICA JOHNSON HAVE BUSINESS RELATIONSHIPS.

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

DURING 2013, THE VOTING MEMBERS OF THE FOUNDATION APPROVED AN AMENDMENT TO THE FOUNDATION'S BYLAWS CHANGING THE CURRENT FOUR-YEAR TERM OF THE PUBLIC, CHAPTER, AND AT-LARGE TRUSTEES TO THREE-YEAR TERMS. ADDITIONALLY, THE VOTING MEMBERS APPROVED THE AMENDMENT TO PHASE-IN A FOUR-YEAR OFFICER TRACK, WHICH WILL BE EFFECTIVE JANUARY 1, 2014. THIS AMENDMENT ADDED A FOURTH OFFICER POSITION, CHANGED EACH OFFICER POSITION TO A ONE-YEAR TERM AND INCREASED THE NUMBER OF VOTING TRUSTEES FROM 20 TO 21.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

THE FOUNDATION HAS THREE CLASSES OF MEMBERS. THE MEMBERS CONSIST OF

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
---	--

VOTING MEMBERS, NON-VOTING CORPORATE MEMBERS, AND NON-VOTING INDIVIDUAL MEMBERS.

MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7A

THE PRICIPAL DUTIES OF THE VOTING MEMBERS ARE TO ELECT EACH YEAR NEW TRUSTEES TO REPLACE THOSE TRUSTEES OF THE FOUNDATION WHOSE TERMS EXPIRE.

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 7B

THE BYLAWS MAY BE AMENDED BY THE VOTING MEMBERS OF THE FOUNDATION.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 11B

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING (CPA) FIRM AND REVIEWED BY THE ASA FINANCIAL MANAGER AND EXTERNAL CPA ON THE AUDIT COMMITTEE. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE EXTERNAL CPA WILL THEN FACILITATE A DISCUSSION OF THE FORM 990 WITH THE AUDIT COMMITTEE AND ADDRESS QUESTIONS. THE AUDIT COMMITTEE MEMBERS WILL VOTE TO MAKE A RECOMMENDATION TO THE BOARD TO APPROVE THE FORM 990. THE RECOMMENDATION AND FORM 990 WILL BE PROVIDED TO THE FULL BOARD FOR REVIEW. AFTER THE FORM 990 IS APPROVED, IT WILL BE SIGNED BY THE EXECUTIVE DIRECTOR OF THE FOUNDATION AND FILED.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
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COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PROVIDING A COPY OF THE POLICY TO ALL BOARD TRUSTEES, OFFICERS, MEMBER REPRESENTATIVES AND EMPLOYEES. THE ABOVE INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT STATEMENT AND THE ANNUAL DISCLOSURE INFORMATION FORM. IF THE BOARD DETERMINES THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE PERSONAL OR PRIVATE INTEREST OR ENGAGEMENT 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.

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & B

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 ANNUAL PERFORMANCE REVIEW FOR THE EXECUTIVE DIRECTOR. THE DISCUSSION IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES. SEE SCHEDULE J REGARDING THE ACADEMY'S POLICY FOR EXECUTIVE COMPENSATION.

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION	Employer identification number 44-6013671
---	--

STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE VIA THE FOUNDATION'S WEBSITE.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

EQUITY IN SUBSIDIARY EARNINGS	\$ 1,003,644
FUNDRAISING EXPENSES	19,707
DIVIDEND FROM RELATED ORGANIZATION	(956,000)

TOTAL OTHER CHANGES IN FORM 990, PART XI, LINE 9	\$ 67,351

=====

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL CHAPEL HILL, NC 27514	PROJECT MANAGEMENT	601,366.
AMERICAN ACADEMY OF FAMILY PHYSICIANS LEAWOOD, KS 66211	ADMIN & MANAGEMENT	1,051,522.
ALIVIO MEDICAL CENTER CHICAGO, IL 60608	PROJECT MANAGEMENT	610,288.

Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS
FOUNDATION**Employer identification number
44-6013671**ATTACHMENT 3**FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACTED SERVICES	1,556,586.	865,292.	295,624.	395,670.
SUBCONTRACTOR FEES	696,538.	696,538.		
PROGRAM DEVELOPMENT FEES	539,006.	539,006.		
OTHER FEES FOR SERVICES	421,521.	217,737.	75,766.	128,018.
TOTALS	<u><u>3,213,651.</u></u>	<u><u>2,318,573.</u></u>	<u><u>371,390.</u></u>	<u><u>523,688.</u></u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION** Employer identification number **44-6013671**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501(C)(6)		N/A		X
(2) ACADEMY 1740, INC. 43-1485548 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	TITLE HOLDING	KS	501(C)(2)	N/A	AAFP	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AAFP INSURANCE SERVICES 43-1226253 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	INSURANCE ADM	KS	AAFP FNDTN	C CORP	1,003,644.	4,902,553.	100.0000	X	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	1,051,522.	CASH PAID
(2) AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	336,441.	CASH RECEIVED
(3) AMERICAN ACADEMY OF FAMILY PHYSICIANS	O	1,806,361.	CASH PAID
(4) AAFP INSURANCE SERVICES	F	956,000.	CASH PAID
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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