AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION PUBLIC DISCLOSURE COPY FORM 990 TAX YEAR 2016

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

J		
	2016, and ending $12/31$	20 16

For calendar year 2016, or fiscal year beginning 01/01, 2016, and ending

2016

OMB No. 1545-1878

Department of the Treasury

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

nternal Revenue Service	0111067960.	
Name of exempt organization	' '	ification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS	44-601	3671
Name and title of officer		
CRAIG M DOANE, EXECUTIVE DIRECTOR Part 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 check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being eave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter the applicable line below. Do not complete more than 1 line in Part I.	ng filed with this fo	orm was blank, then
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12) 1b	4,038,336.
2a Form 990-EZ check here ▶b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part	· · · · · · · · · · · · · · · · · · ·	
5a Form 8868 check here ▶	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	avaminad a aany af	4h.a
are true, correct, and complete. I further declare that the amount in Part I above is the amount shorganization's electronic return. I consent to allow my intermediate service provider, transmitter, on send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds with financial institution account indicated in the tax preparation software for payment of the organization return, and the financial institution to debit the entry to this account. To revoke a payment, I must Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I anyolved in the processing of the electronic payment of taxes to receive confidential information necessive issues related to the payment. I have selected a personal identification number (PIN) as melectronic return and, if applicable, the organization's consent to electronic funds withdrawal.	or electronic return f receipt or reason f any refund. If app drawal (direct debit on's federal taxes contact the U.S. Tr also authorize the ecessary to answe	originator (ERO) for rejection of licable, I) entry to the owed on this easury Financial financial institutions r inquiries and
Officer's PIN: check one box only		
X I authorize BKD, LLP to enter my PIN	8 8 3 2 2	as my signature
ERO firm name	Enter five numbers, bu	t
on the organization's tax year 2016 electronically filed return. If I have indicated within this being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progrescont 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 If I have indicated within this return that a copy of the return is being filed with a state age	ram, I also authorize	e the aforementioned ctronically filed return.
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ▶ Date	•	
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.	3 3 7 2 2 do not enter	4 4 0 1 6 all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically findicated above. I confirm that I am submitting this return in accordance with the requirements of Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	filed return for the open for t	organization nized e-File (MeF)
ERO's signature ▶ Date ▶		
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.		rorm 8879-EO (2016)
	•	(0)

JSA 6E1676 1.000

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

AF	or tr	ne 201	6 calendar year, or tax year begi		, and endin	-			, 20
B c	heck if a	pplicable:	C Name of organization AMERICAN	ACADEMY OF FAMILY PHYS:	ICIANS	ا	Employer ide	entifica	ation number
	Addre	ess	FOUNDATION				44 6013	C 17 1	
	chang		Doing Business As		D / : t -		44-6013		
	Name	e change	Number and street (or P.O. box if mail is	Room/suite		Telephone nu		0.00	
	Initia	l return	11400 TOMAHAWK CREEK		440	((913) 90	5 – 60	000
	Term	inated	City or town, state or province, country,	and ZIP or loreign postal code		۔ ا		•	10 818 160
	returi		LEAWOOD, KS 66211 F Name and address of principal officer:	CD I G W DOINE			Gross receipt		10,717,168.
	pend			CRAIG M DOANE			subordinates'	?	
_			' 	PARKWAY440 LEAWOOD, KS			(b) Are all subordi		
		empt st	100.(0)(0)) (insert no.) 4947(a)(1)	or 527				(see instructions)
			WWW.AAFPFOUNDATION.ORG		1.,,		(c) Group exemp		
			nization: X Corporation Trust	Association Other	L Year of	formation	1: 1958 M	State o	of legal domicile: KS
	art I		mmary	CEE C	OHEDHE E				
•	1	Briefly	y describe the organization's mission of	or most significant activities: 5EE 5	CHEDOLE .				
ü									
ırıs	2	Charl	t this boy. Note that are a second and the second are the second a						
Governance	3		k this box if the organization of the governing	·			i i	3	20.
	4		per of voting members of the governing per of independent voting members of					4	19.
Activities &	5							5	0.
i₹	6		number of individuals employed in cal number of volunteers (estimate if neces					6	235.
Act	-		unrelated business revenue from Part \					7a	0
			nrelated business taxable income from					7b	0
_		ivet ui	meiated business taxable income nom	Form 990-1, line 34			Prior Year	7.5	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				3,029,92	5	2,458,444
ηne	9	Drogr	am service revenue (Part VIII, line 2a)	COF	Y FOR		3,023,32	0.	2,130,111
Revenue	10	Invoct	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lir	PUBLIC I	NSPECTION		2,064,961.		1,576,589
å	11		revenue (Part VIII, column (A), lines 5					5.	3,303
	12		revenue - add lines 8 through 11 (mus				5,095,77	_	4,038,336
_	13		s and similar amounts paid (Part IX, co				2,134,12	_	2,063,996
	14		its paid to or for members (Part IX, col					0.	0
ú	4.5		es, other compensation, employee ber				26,55	0.	29,325
Expenses	16a		ssional fundraising fees (Part IX, colum				•	0.	0
Бe	b	Total	fundraising expenses (Part IX, column	(D). line 25) ► 942,715	7.				
ш	17		expenses (Part IX, column (A), lines 1				2,990,08	3.	2,448,435
	18		expenses. Add lines 13-17 (must equa				5,150,76		4,541,756
	19		nue less expenses. Subtract line 18 fro				-54,99	1.	-503,420
or			, , , , , , , , , , , , , , , , , , , ,			Beginniı	ng of Current Y		End of Year
land	20	Total	assets (Part X, line 16)			1	7,981,96	6.	17,776,339
Net Assets or Fund Balances	21		liabilities (Part X, line 26)				1,592,78	7.	1,417,127
E E	22	Net as	ssets or fund balances. Subtract line 2	1 from line 20		1	6,389,17	9.	16,359,212
	rt II	Sig	gnature Block						
Un	der pe	nalties o	of perjury, I declare that I have examined the	his return, including accompanying sched	ules and staten	nents, and	to the best of	my kı	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other that	in officer) is based on all information of wh	ich preparer na	s any knov	wieage.		
٠.									
Sig			Signature of officer				Date		
He	re								
			Type or print name and title						
		Print/	Type preparer's name	Preparer's signature	Date		Check	if P	TIN
Paid		KEV	IN R ENSMINGER CPA				self-employe	ed]	P01310558
	parer Only	Firm's	s name ▶ BKD, LLP			F	irm's EIN 🕨	44-0	0160260
	Unity		saddress > 1201 WALNUT, SUITE 1700	O KANSAS CITY, MO 64106-2246		Р	hone no.	816	221-6300
May	the I		cuss this return with the preparer show			<u> </u>			X Yes No
For	Pape	rwork	Reduction Act Notice, see the separa	te instructions.					Form 990 (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

_	<u>-</u>							
Automa	tic 6-Month Extension of Time. Only subm	it original	(no copies needed).					_
All corpo	rations required to file an income tax return othe	r than Forr	n 990-T (including 1120	O-C filers), partnerships,	REI	MICs,	and trusts	_
-	Form 7004 to request an extension of time to f			,,, , , , , , , , , , , , , , , , , ,				
	·			Enter filer's identifying	g nu	mber, s	see instructio	ns
	Name of exempt organization or other filer, see in	structions.		Employer identification nu	mbe	r (EIN)) or	_
Type or	AMERICAN ACADEMY OF FAMILY PHY	YSICIANS	S			, ,		
print	FOUNDATION			44-6013671	1			
ile by the	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)						
due date fo iling your	11400 TOMAHAWK CREEK PARKWAY	440		, ,	,			
eturn. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					_
nstructions	LEAWOOD, KS 66211							
Entor the		ic for /file	a congrate application fo	or each return)			0 1	Т
znier ine	Return Code for the return that this application	is for (file a	a separate application ic	or each return)				_
Applicati	ion	Return	Application				Return	_
s For		Code	Is For				Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporati	on)			07	_
Form 990		02	Form 1041-A	,			08	_
	20 (individual)	03	Form 4720 (other that	n individual)			09	_
Form 990	,	04	Form 5227	,			10	_
	990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	_
	n 990-T (trust other than above) 06 Form 8870					12	_	
	BRENDA GASTON		•					_
• The bo	ooks are in the care of ► 11400 TOMAHAWK	CREEK PA	ARKWAY LEAWOOD K	S 66211				
Teleph	none No. ▶ 913 906-6000	F	Fax No. ▶					
	organization does not have an office or place of l			k this box			▶	7
If this	is for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN)			this is	_
or the w	hole group, check this box	f it is for pa	art of the group, check t	his box		_	ittach	
a list with	the names and EINs of all members the extensi	ion is for.	3 1,					
1 re	n the names and EINs of all members the extension of time understan automatic 6-month extension of time understance.	ntil	11/15 , 201	.7 , to file the exempt	org	aniza	tion return	_
for t	he organization named above. The extension is	for the ora	anization's return for:		- 3			
	3	3						
▶[X calendar year 20 <u>16</u> or							
•	tax year beginning	. 20	. and ending	. :	20			
, ,			,		_			
2 If th	ne tax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial re	eturn Final return	1			
	Change in accounting period	•						
	nis application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	tentative tax, less any				_
non	refundable credits. See instructions.				За	\$	(Ο.
b If t	his application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any re					_
	mated tax payments made. Include any prior yea				3b	\$	().
c Bal	ance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if red					_
(Electronic Federal Tax Payment System). See instructions.							(Ο.
Caution. I	f you are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se					_
nstruction	ns.						• •	
or Priva	cy Act and Paperwork Reduction Act Notice, see instr	uctions.			Form	1 886	8 (Rev. 1-20	17)

AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-6013671 Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION ADVANCES THE VALUES OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL, AND SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?..... 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.

2,081,110. including grants of \$ 1,724,039.) (Revenue \$

Code:) (Expenses \$	388,685_ including grants of \$	_{174,807} .) (Revenue \$)
EE SCHEDULE			<u> </u>	
0.1) / [) (D	,
) (Expenses \$	334,353. including grants of \$	_{160,147}) (Revenue \$)
Code: SEE SCHEDULE				

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

5,003.

) (Revenue \$

1140167

4e Total program service expenses ► 3,058,758.

(Expenses \$

4a (Code:

SEE SCHEDULE O

) (Expenses \$

JSA 6E1020 1.000

Form **990** (2016)

254,610. including grants of \$

Form 990 (2016) Page **3**

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // **Yes, ** Is the organization required to complete Schedule 6, Schedule of Contributors (see instructions)?	Part	IV Checklist of Required Schedules			
complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization as earlied 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-187 If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any droor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 Did the organization for amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 Did the organization is above to any of the following questions is "Yes," complete Schedule D, Part VI. 10 Did the organization seport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 12 Did the organization separate or onsolidated, independent audited financial statements for the tax year? III 13 X Did the organization separate or consolidat				Yes	No
2 Is the organization required to complete Schedule S. Schedule of Contributors (see instructions)?. 3 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199? If "Yes," complete Schedule C. Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II. 8 Did the organization renalization collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III. 9 Did the organization amount in Part X. line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X. ion provide credit counseling, debt management, credit repair, or debt negotiation services? "Yes," complete Schedule D. Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V. 11 If the organization report an amount for investments-other securities in Part X, line 107 If "Yes," complete Schedule D. Part V. 12 Did the organization report an amount for other assets in part X, line 15 that is 5% or more of its total as	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 57 (16(3) organizations. Did the organization engage in lobbying activities, or have a section 501(1h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization as section 501(16)(4), 501(6)(5), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, io provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VII, VIII, VII, XV as a spiciosible. 2 Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part X V, VII, VIII, XV C, VII, XV S, VII		complete Schedule A	1	X	
candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization as section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I, Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization and in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VII. If the organization services I" Yes," complete Schedule D, Part VIII. Did the organization freport an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments-order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did th	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "res," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors in which donors in the part of the	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) or		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization in amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 bid the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 c	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization review or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization fand areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, VIII, X, or X as applicable. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization specified an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III to X Did the organization specified an amount for other assets in Part X, line 16 that is 5% or more of its total assets	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 Did the organization report an amount for linvestments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization seport an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and III is Quitally and part A III is Quitally and III is part A III is Quitally and III is		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
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VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			10	X	
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	f	•			
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			11t		X
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b		40.	3.7	
14a Did the organization maintain an office, employees, or agents outside of the United States?	40			Λ	v
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			144		Λ_
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	D				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			146		x
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15		140		22
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		x
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		13		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		'		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. •		18	X	
	19				
	. •		19		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
له ا	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 21
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \ \textit{If "Yes," complete Schedule N,} \\$			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
35a		SSA		
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)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555	-2	
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note . All Form 990 filers are required to complete Schedule O.	38	Х	
			000	(0040)

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Part V Statements Regarding Other IRS Filings and Tax Compliance 281 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
·u	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	ر د	
-	on Dr. Challes (Time Seedien Broqueste information about poincies not required by the internal revenue	- Cou	Yes	No
100	Did the ergenization have lead chanters branches or effiliates?	10a		x
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	- 21	X
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	Toa		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	וטט		
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1	F041	-) (0)	I - N
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	501(0	c)(3)s	oniy)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/. and
	financial statements available to the public during the tax year.	2.000	P 0 110)	, , and
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: ▶		
-	DDENIDA GAGERON 11400 EGMANARIN GDERN DADWAN LEANOOD NG CC011	-		

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

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

- 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.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)S. HUGHES MELTON, MD, FAAFP	8.00									
BOARD MEMBER\PRESIDENT ELECT	1.00	Х		Х				2,250.	450.	0.
(2)EVELYN L. LEWIS AND CLARK, MD,	8.00							,		
BOARD MEMBER\PRESIDENT	1.00	Х		Х				9,900.	450.	0.
(3)P. BRENT SMITH, MD	2.00							·		
BOARD MEMBER\VICE PRESIDENT	1.00	Х		Х				3,825.	1,350.	0.
(4)ROBERT A. LEE, MD, FAAFP	1.00									
BOARD MEMBER\RESIGNED OCT 2016	15.00	Х						0.	0.	0.
(5)LYNNE MARIE B. LILLIE, MD, FAA	1.00									
BOARD MEMBER\ACADEMY 2016	15.00	Х						0.	11,754.	0.
(6)GRETCHEN IRWIN, MD, MBA, FAAFP	1.00									
BOARD MEMBER\CHAPTER 2018	1.00	Х						0.	6,175.	0.
(7)DAVID R. SMITH, MD, MPH, FAAFP	1.00									
BOARD MEMBER\AT-LARGE 2016	0.	Х						1,350.	0.	0.
(8)REBECCA JAFFE, MD, MPH, FAAFP	1.00									
BOARD MEMBER\AT-LARGE 2017	0.	Х						1,200.	50.	0.
(9)CARLA DURYEE	1.00									
BOARD MEMBER\CORPORATE 2016	0.	Х						0.	0.	0.
(10)MICHEL FARHAT, PHD	1.00									
BOARD MEMBER\CORPORATE 2017	0.	Х						0.	0.	0.
(11)MYRA CHRISTOPHER	1.00									
BOARD MEMBER\PUBLIC 2016	0.	Х						0.	0.	0.
(12)E. J. HOLLAND, JR.	1.00									
BOARD MEMBER\PUBLIC 2017	0.	Х						900.	0.	0.
(13)DOUGLAS A. SPOTTS, MD, FAAFP	2.00									
BOARD MEMBER\TREASURER	1.00	Х		Х				1,800.	950.	0.
(14)JULIE KAY ANDERSON, MD, FAAFP	1.00									
BOARD MEMBER\CHAPTER 2016	1.00	X						1,050.	4,000.	0.
										Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (a	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per					than o		compensation	compensation from	amount of
	week (list any hours for					is both or/trust		from	related	other compensation
	related	악코						the organization	organizations (W-2/1099-MISC)	from the
	organizations	divid	stit	Officer	Ý e	ghe	Forme	(W-2/1099-MISC)	(***-2/1033-141100)	organization
	below dotted	dual	l tion	7	nplc	st co	Ť	(** =, ******,		and related
	line)	Individual trustee or director	Institutional trustee		Key employee) mp				organizations
		stee	uste			ens				
			Эe			Highest compensated employee				
15) BARBARA JEAN DOTY, MD, FAAFP	1.00									
BOARD MEMBER\CHAPTER 2017	0.	Х						750.	0.	0.
16) DOUGLAS HENLEY, MD	1.00									
BOARD MEMBER\EX-OFFICIO	39.00	Х						0.	720,762.	104,729.
17) CHRISTOPHER WATSON	1.00									
BOARD MEMBER\RESIDENT 2017	1.00	X						2,250.	600.	0.
18) ELIZABETH WEI MCINTOSH	1.00									
BOARD MEMBER\RESIGNED OCT 2016	1.00	X						1,350.	750.	0.
(19) JOHN BENDER, MD, MBA, FAAFP	1.00	-								
BOARD MEMBER\ACADEMY 2017	15.00	X						0.	0.	0.
20) DAVID A GOVAKER, MD	1.00									
BOARD MEMBER\AT-LARGE 2018	0.	X						1,350.	0.	0.
(21) CARRIE A. JOHNSON	1.00	-								
BOARD MEMBER\CORPORATE 2018	0.	X						0.	0.	0.
22) CLAYTON COOPER	1.00									
BOARD MEMBER\STUDENT 2017	1.00	X						600.	150.	0.
23) CRAIG M. DOANE	16.00								060 682	E2 006
EXECUTIVE DIRECTOR	24.00			Х				0.	268,673.	73,226.
24) RAELYNN GOCHNAUER	14.00								118 850	22 004
DIRECTOR STRATEGIC PARTNERSHIP	26.00					Х		0.	117,758.	33,204.
25) PHYLLIS NARAGON	40.00					3.7			107 010	02 104
DIRECTOR FOUNDATION PROGRAMS						Х		0. 22,275.	107,919.	23,184.
1b Sub-total								6,300.	25,179. 1,324,523.	288,243.
c Total from continuation sheets to Part VII, S	-				_				1,349,702.	288,243.
d Total (add lines 1b and 1c)							<u> </u>			200,243.
reportable compensation from the organizatio		110se . 0		u ai	OOVE	e) WIIC) le	ceived more than	\$100,000 01	
	-	<u> </u>	-							Yes No
3 Did the organization list any former offic	er directo	ır or	tri	icto.	Δ .	kev o	mn	Novee or highes	t companyated	100 110
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 4s is the										

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
AMERICAN ACADEMY OF FAMILY PHYS. LEAWOOD, KS 66211	ADMIN AND MANAGEMENT	1,925,198.
HENRY WURST INC 1331 SALINE ST KANSAS CITY, MO 64116	PRINTING & MAIL SVCS	104,597.

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

Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v Em	olar	ve	es.	and H	lia	hest Compensat	ed Emplo	vees (co	ontinue		Page 8
(A) Name and title	(A) Name and title Average hours per week (list any hours for office		Position not check more than one x, unless person is both a cer and a director/trustee				one an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from	Es am com	(F) timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anization d related anization	b
26) BRENDA CHERPITEL DIRECTOR DEVELOPMENT	40.00					Х		0.	107	,911.		53,9	00.
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						> > >						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000	of			
3 Did the organization list any former office												Yes	
 employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the sorganization and related organizations greated in the second organization. 	sum of repeater than	ortab \$15	le c	om 00?	pen	sation	n a s,"	nd other compens	sation from	the	3	X	Х
individual5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on 1	fron	n any	un				5	Λ	Х
Section B. Independent Contractors	ss, comple	16 361	ledu	10 0	101	Sucri	ρει	3011			<u> </u>		
Complete this table for your five highest com- compensation from the organization. Report c year.													
(A) Name and business address (B) CC Description of services Comper								rvices	Co	(C) ompens	sation		

(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 respon	nse or note to ar	ny line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
iran	b	Membership dues					
s, G	C	Fundraising events 1c	46,769.				
Sift:	d	Related organizations 1d	72,043.				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	,2,013.				
	e •	grante (continuations) I I					
	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,339,632.				
d d	_		17,111.				
နှ ငိ	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		2,458,444.			
Te n	-"	Total. Add lifes fa-fi	Business Code	2,430,444.			
Program Service Revenue							
Re	2a						
<u>e</u>	b						
ē	С						
n S	d						
Гаг	е						
5 6	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen					
		and other similar amounts)		1,379,762.			1,379,762.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 6,823,099.					
	b	Less: cost or other basis					
		and sales expenses 6,626,272.					
	С	Gain or (loss)					
	d	Net gain or (loss)		196,827.			196,827.
	8a	Gross income from fundraising					
nue	Ou	events (not including \$46,769.					
eve		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a	55,863.				
the	L .	Less: direct expenses b					
0	D C	Net income or (loss) from fundraising events		3,303.			3,303.
				3,303.			3,303.
	9a	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b Net income or (loss) from gaming activities.					
	C			0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b	0.				
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	<u></u>	4,038,336.			1,579,892.

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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								
	not include amounts reported on lines 6b, 7b, 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 domestic organizations							
	and domestic governments. See Part IV, line 21	1,879,149.	1,879,149.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	184,847.	184,847.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. 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	29,325.	5,075.	19,400.	4,850.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and	0						
_	persons described in section 4958(c)(3)(B)	0.						
	Other salaries and wages	0.						
8	Pension plan accruals and contributions (include	0.						
^	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes							
	Management	0.						
	Legal	762.	325.	437.				
	Accounting	25,206.		25,206.				
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17	0.						
1	f Investment management fees	82,632.	14,460.	68,172.				
ç	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	1,745,986.	868,808.	314,760.	562,418.			
12	Advertising and promotion	21,801.	11,134.		10,667.			
13	Office expenses	4,841.	1,183.	649.	3,009.			
14	Information technology	37,184.	2,920.		34,264.			
15	Royalties	0.						
16	Occupancy	152,555.	37,817.	70,734.	44,004.			
17	Travel	132,333.	37,017.	70,734.	44,004.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	147,799.	15,809.	19,802.	112,188.			
20	Interest	0.	23,0051	1570021				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	12,699.	12,561.	138.				
23	Insurance	13,479.	6,310.	7,169.				
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.)							
-	MAILING SERVICES AND POSTAGE	63,151.	1,281.	721.	61,149.			
	DESIGN AND PRINTING	100,346.	4,991.	3,353.	92,002.			
	OTHER PROGRAM EXPENSES	10,610.	10,610.	010	14 106			
-	BANK CHARGES	14,998.	1,478.	812. 8,928.	14,186. 3,980.			
	All other expenses	4,541,756.	3,058,758.	540,281.				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	4,541,756.	3,000,750.	340,201.	942,717.			
JSA		0.			Form 990 (2016)			

JSA 6E1052 1.000

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Part X **Balance Sheet**

1 6	III	Datatice Street					
		Check if Schedule O contains a response of	r not	e to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments	1,315,601.	2	506,987.		
	3	Pledges and grants receivable, net	53,536.	3	84,593.		
	4	Accounts receivable, net	129,880.	4	215,466.		
	5	Loans and other receivables from current and t	forme	er officers, directors,			
		trustees, key employees, and highest co	ompe	nsated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (a	s defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and intary	contributing employers employees' beneficiary	0.	6	0.
ţ	_	organizations (see instructions). Complete Part II of Sche	edule L		0.	7	0.
Assets	7	Notes and loans receivable, net			0.	-	0.
ĕ	8	Inventories for sale or use			116,535.	8	
	9	Prepaid expenses and deferred charges			110,535.	9	41,222.
	Tua	Land, buildings, and equipment: cost or	400	356,276.			
			10a		137.	40-	81,648.
		Less: accumulated depreciation			14,799,477.		15,245,323.
	11	Investments - publicly traded securities			1,566,800.	12	1,601,100.
	12 13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			1,300,800.		0.
	14		0.	_	0.		
	15	Intangible assets Other assets See Part IV line 11				0.	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal			17,981,966.	_	17,776,339.
_	17	Accounts payable and accrued expenses			898,087.	17	794,638.
	18	Grants payable		428,624.		319,436.	
	19	Deferred revenue			201,438.		105,206.
	20	Tax-exempt bond liabilities	0.		0.		
	21	Escrow or custodial account liability. Complete Pa	0.	_	0.		
s	22	Loans and other payables to current and for			· ·		0.
itie		trustees, key employees, highest compen-					
Liabilities		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.	_	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		.´	64,638.	25	197,847.
	26	Total liabilities. Add lines 17 through 25			1,592,787.	26	1,417,127.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	chec				
Fund Balances	27	Unrestricted net assets			13,146,432.	27	12,881,319.
Bal	28	Temporarily restricted net assets			1,470,761.	28	1,590,480.
뒫	29	Permanently restricted net assets			1,771,986.	29	1,887,413.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ts (30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	ıipmeı			31	
Ä	32	Retained earnings, endowment, accumulated inco				32	
Net	33				16,389,179.	33	16,359,212.
_	34	Total liabilities and net assets/fund balances			17,981,966.	34	17,776,339.
_					· · · · · · · · · · · · · · · · · · ·		Form 990 (2016)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	38,3	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,541,756.		756.
3	Revenue less expenses. Subtract line 2 from line 1	3		-5	03,4	120.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,3	89,1	.79.
5	Net unrealized gains (losses) on investments	5		4	39,1	.53.
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			34,3	300.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))					
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	e organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

F.O.	JND	A.I.TON					44-60136	/ 1	
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st							
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	Х	ot 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)		·					
8	Щ	A community trust describe	-		-				
9		An agricultural research org	=			-			
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela	Ily receives: (1) me	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross	
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses	
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	Part III.)		
11	Ш	An organization organized	•	•	-				
12		An organization organized		•	-				
		of one or more publicly su	· ·						
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting orga	· ·		-		= :::		
		the supported organization		• • • •		ajority of	the directors or truste	es of the	
		supporting organization.	-						
b		Type II . A supporting org	•				· · ·		
		control or management of		_	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must							
С		Type III functionally integ						ly integrated with,	
		its supported organization						(
d		Type III non-functionally			-			- ' '	
		that is not functionally inte	-	-	-		•	an attentiveness	
_		requirement (see instruct Check this box if the orga		-				I Type III	
е		functionally integrated, or					•••	і, туре ііі	
f	Fn	ter the number of supported	• •			-			
a.		ovide the following information	_						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	()	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	Yes	ment?	instructions)	instructions)	
						110			
(A)									
/D \									
(B)									
(C)									
(C)									
(D)									
(5)									
(E)									
\ - ,									
Tota	al								
							1	1	

Page 2 Schedule A (Form 990 or 990-EZ) 2016

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,640,662.	4,169,256.	4,451,153.	3,029,925.	2,458,444.	19,749,440.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	5,640,662.	4,169,256.	4,451,153.	3,029,925.	2,458,444.	19,749,440.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						9,832,194.		
_							9,917,246.		
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	, , , , ,		` ,						
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,640,662. 1,349,156.	4,169,256. 1,245,156.	4,451,153. 1,324,068.	3,029,925. 1,437,016.	2,458,444. 1,379,762.	19,749,440.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10					_	26,484,598.		
12	Gross receipts from related activities, etc. (s	ee instructions)				12			
13	First five years. If the Form 990 is forganization, check this box and stop here								
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2016 (lin		•			14	37.45%		
15	Public support percentage from 2015					15	37.67%		
16a	331/3% support test - 2016. If the o	_					.		
	this box and stop here . The organization	•		•					
b	331/3% support test - 2015. If the o	_							
	check this box and stop here . The orga								
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					-	•		
	Part VI how the organization meets t			•	•		nbboured		
	organization								
b	10%-facts-and-circumstances test - 2	•							
	15 is 10% or more, and if the orga						-		
	Explain in Part VI how the organization				=	-	publicly		
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see			
	instructions								

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li			13, column (f)) _		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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scneau	ile A (Form 990 or 990-E2) 2016		ŀ	age J
Part	Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vaa	N _a
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Casti		2		
Secu	on C. Type II Supporting Organizations		Vaa	N _a
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Casti		1		
Secu	on D. All Type III Supporting Organizations		Vaa	N _a
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sacti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
Ū	The organization supported a governmental only. Describe in all whom you supported a government only (see	motrac	Yes	
2	Activities Test. Answer (a) and (b) below.		103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations m	nust complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7) Thor Tour	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2016

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2016 Page **7**

Sect	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			

Schedule A (Form 990 or 990-EZ) 2016

5

b

Part V

Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2013...

Excess from 2014...

Excess from 2015...

Excess from 2016...

and 4c.

Schedule A (Form 990 or 990-EZ) 2016 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2016

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION 44-6013671 Organization type (check one): Filers of: Section: X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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

Part I	Contributors (See instructions). Use duplicate copies	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$179,965.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7		\$ \$ 80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II	Noncash Property (See instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-	_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
	-	Schodulo B (Form	

Employer identification number

Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

	FOUNDATION			44-6013671		
Part III	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y	e year from any ns completing Par year. (Enter this in	one contributor. t III, enter the tota formation once.	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.		
(a) No	Use duplicate copies of Part III if addition	nal space is neede	ed.			
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I						
				-		
		(e) Transf	er of gift			
	Transferee's name, address, and 2	ZIP + 4	Relation	onship of transferor to transferee		
			-			
(a) No.				T		
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I						
		(e) Transf	er of gift			
	Transferee's name, address, and a	onship 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) Transf	er of gift			
	Transferee's name, address, and 2	7IP ± 1	Relatio	onship of transferor to transferee		
	Transferee 3 name, address, and a		Relativ	on an included to transfered		
			-			
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held		
Part I	(a) tarpete or gar			(a) - coerpriess or story gardeness.		
		(e) Transf	er of gift	_L		
		(-)	- 3 -			
	Transferee's name, address, and a	ZIP + 4	Relation	onship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

	TIMERCION MEMBERS OF TH	THE THISTCHAND	'.'
	UNDATION		44-6013671
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
-	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a	_	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
1 6	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space	Freservation	TOF a certified flistoric structure
_	· · ·		n the form of a concentration
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution if	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termin	nated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		-
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue an	nd expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financ	cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	ar assets held for public exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar		
	public service, provide the following amounts relati		dodaton, or rescaron in future affect of
	(i) Revenue included in Form 990, Part VIII, line 1	<u> </u>	⊳ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under S		-
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 2

	oule D (Form 990) 2016 To my 990) 2016 To my 990) 2016 To my 990) 2016	na Collections of	Art Historical	Troscuros	or Other Simila	r Accote		age Z
3	Tell Organizations Maintainir Using the organization's acquisition	<u> </u>					•	
3	collection items (check all that app		offier records, che	ck any or the	i lollowing that a	le a signino	ani use c	או ווכ
_	Public exhibition	ıy).	d	or ovebenge	programa			
a				or exchange	programs			
b	Scholarly research	rationa	e Othe	·				
C	Preservation for future gene		and avalate have	that furthar	the examinations			Dowt
4	Provide a description of the organ	lization's collections	and explain now	tney furtner	the organizations	s exempt p	urpose in	Рап
_	XIII.	n a aliait ar raaaiya d	lanations of out his					
5	During the year, did the organization						Vac 🗀	ן N _o
Dor	assets to be sold to raise funds rath		ained as part of the	organization	s collection?		Yes	No
Par	Escrow and Custodial Ar Complete if the organizat		" on Form 000	Part IV/ line () or reported an	amount o	n Earm	
	990, Part X, line 21.	ion answered Tes	s on Form 990,	-ait iv, iiie s	e, or reported an	amount of	I FOIIII	
1.0	Is the organization an agent, truste	a quetadian ar atha	r intermediary for	contributions	or other coasts not			
ıa							Yes	No
L	included on Form 990, Part X? If "Yes," explain the arrangement in					•••	res] NO
D	ii res, explain the arrangement i	n Part XIII and comp	nete the following t	able:	Λ.			
_	Deginning helenes				Ai	mount		
	Beginning balance							
	Additions during the year							
e	Distributions during the year							
f	Ending balance Did the organization include an am				atadial aggregatic	hilitu 2	Yes	No
	=							INO
	If "Yes," explain the arrangement in to the transfer of the tr	T Part Alli. Check he	ere ii trie explanatio	n nas been pi	Ovided on Part Alli	<u> </u>		
Par	Endowment Funds. Complete if the organizat	ion answered "Ves	" on Form 990	Part IV/ line 1	0			
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two year		pare back /	e) Four years	hack
		12,383,863.	13,438,242				9,598,	
	Beginning of year balance	101,099.	145,330			1,466.		,300.
	Contributions	101,099.	143,330	. 310	,224.	1,400.		
С	Net investment earnings, gains,	785,636.	95,307	E 0 7	,512. 1,832	2,341.	1 076	207
	and losses	379,125.	800,600		, 512. 1,032	,,341.	1,076,	
	Grants or scholarships	3/9,123.	800,000	•				
е	Other expenditures for facilities	455,666.	412,276	20	,635.	600.		600.
	and programs	75,649.	82,140			3,890.		$\frac{300}{735}$.
f	Administrative expenses	12,360,158.	12,383,863				10,753,	
g	End of year balance					,039.	10,733,	
2	Provide the estimated percentage			g, column (a))	held as:			
a	Board designated or quasi-endown		_%					
D	Permanent endowment 15.1							
С	Temporarily restricted endowment	•	000/					
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in			t ara bald an	d administrated for	4h.a		
sa	organization by:	the possession of the	ie organization tria	it are neid and	a administered for	uie	Yes	No
	(i) unrelated organizations					7	Ba(i)	X
	(ii) related organizations					-	a(ii)	X
h	If "Yes" on line 3a(ii), are the relate					<u> </u>	3b	
4	Describe in Part XIII the intended u	•	•			L	30	L
	t VI Land, Buildings, and Equ		iion s endowinent i	urius.				
Гаі	Complete if the organiza	tion answered "Ye	s" on Form 990,	Part IV, line	11a. See Form 9	990, Part X	, line 10.	
	Description of property	(a) Cost or		t or other basis	(c) Accumulated	(d) B	ook value	
1a	Land	(invest	inent)	(other)	depreciation			
c	Buildings Leasehold improvements							
d	Equipment			356,276.	274,628.		81,6	548
				330,270.	2/4,020.		01,0	710.
	Other I. Add lines 1a through 1e. (Column		n 990 Part V colu	nn (B) line 10	c) •		81,6	548
iota	ii. Add iiiles Ta tillougii Te. (Colullii)	(u) musi equal Pom	rado, rait A, colui	וווו (ט), וווופ 10	·./		01,0	740.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on 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) Financia	al derivatives		
	-held equity interests		
(3) Other_			
	ESTMENT IN AFFILIATE	1,601,100.	COST
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,601,100.	
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on 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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX			, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)	umn (h) must squal Form 000. Port V. sol. (P)	ino 15 \	
	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities.	ine 15.)	
Part X		I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	ral income taxes		
(2) LIAB	ILITY TO LIFE BENEFICIARY	197,	847.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 197,8	347.
			he organization's financial statements that reports the

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

PAGE 31

Schedule D (Form 990) 2016 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,251,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	, - ,
	420 152		
a	Net unrealized gains (losses) on investments		
b	Donated Services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
C C	Recoveries of prior year grants		
d	Callet (Beson Bellin at Alla)	2e	4,361,418.
e	Add lines 2a through 2d	3	2,889,704.
3 4	Subtract line 2e from line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 82,632.		
a b	Other (Describe in Part XIII.) 4b 1,066,000.	-	
C	Add lines 4a and 4b	4c	1,148,632.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,038,336.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,281,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,821,965.
3	Subtract line 2e from line 1	3	4,459,124.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 82,632.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	82,632.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,541,756.
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IVI, lines 2d and 4b, and Part VII, lines 2d and 4b, and Part VIII lines 3 and 4b, and 4		
z; Pai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Schedule D (Form 990) 2016

Page 5

SCHEDULE D, PART V, LINE 4

MEDICAL RESEARCH BENEFITING 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. PROVIDE SUPPORT FOR PHILANTHROPIC WORK BENEFITING THE HEALTH OF CHILDREN IN THE U.S. AND/OR INTERNATIONALLY.

SCHEDULE D, PART X, LINE 2

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.

SCHEDULE D, PART XI, LINE 2D

RELATED ORGANIZATION REVENUE

\$ 3,922,265

SCHEDULE D, PART XI, LINE 4B

DIVIDEND RECEIVED FROM RELATED ORGANIZATION

\$ 1,066,000

SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATION EXPENSES

\$ 2,821,965

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

name of t	the organization AMERICAN ACAL	EMA OF, F.WMTPA	Y PHYSIC	CIANS		Employer Identification	on number
FOUND.						44-6013671	
Part I					l "Yes" on Form	990, Part IV, line	17.
4 1	Form 990-EZ filers are not					- II th - t I -	
	ndicate whether the organization ra	=		_			
a _	Mail solicitations	е			non-government (
b _	Internet and email solicitations	f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d _	In-person solicitations						
o b If	old the organization have a written or r key employees listed in Form 990 "Yes," list the 10 highest paid ind ompensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
			(iii) Did fun	draiger beve		(v) Amount paid to	(vi) A mount poid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
7							
5							
6							
7							
8							
9							
10							
	ist all states in which the organiza				contributions or	has been notified	it is exempt from

1140167

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on 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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 VIP BENEFIT	(b) Event #2 MINI AUCTION	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	57,000.	34,550.	11,082.	102,632
œ		Less: Contributions Gross income (line 1 minus	24,125.	14,549.	8,095.	46,769
_		line 2)	32,875.	20,001.	2,987.	55,863
	4	Cash prizes				
	5	Noncash prizes		20,001.	2,987.	22,988
Expenses	6	Rent/facility costs	27,707.			27,707
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	541.	716.	608.	1,865
	10	Direct expense summary. Add lines 4	through 9 in column (d))		52,560
	11	Net income summary. Subtract line 1	0 from line 3, column (d)	<u> </u>	3,303
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Par	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	lumn (d)	>	
9 a b	Is	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:				. Yes No
		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated durir	ng the tax year?	. Yes No

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Sched	dule G (Form 990 or 990-EZ) 2016	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b		%
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?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ►\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	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 ▶ \$	
Par	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 provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990)

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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

Employer identification number

Part I General Information on Grants and Assis 1 Does the organization maintain records to substantia the selection criteria used to award the grants or assi 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesti 990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0536 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2656 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0236 (4) CALIFORNIA AFP FOUNDATION	te the stance mon	e amount of the e? itoring the use o	of grant funds in the				X Yes No
the selection criteria used to award the grants or assi 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesti 990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0536 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2656 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0236	mon Orç	e? itoring the use o	of grant funds in the				X Yes No
the selection criteria used to award the grants or assi 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesti 990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0536 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2656 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0236	mon Orç	e? itoring the use o	of grant funds in the				X Yes No
Part II Grants and Other Assistance to Domesti 990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-023	mon	itoring the use o	of grant funds in the				
990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (b) E (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0539 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2659 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0239		ganizations an					
990, Part IV, line 21, for any recipient that 1 (a) Name and address of organization or government (b) E (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0539 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2659 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0239		garnizationio ari	d Domestic Gov	vernments Com	plete if the organiza	ation answered "Y	 es" on Form
1 (a) Name and address of organization or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0538 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2658 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0238		eived more tha					50 0111 01111
Or government (1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY 44-0530 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2650 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0230				- carried daplicat	·		
11400 TOMAHAWK CREEK PARKWAY 44-0536 (2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-2655 (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-0235 (4) 45-0235 (5) (6) (6) (7)	N	(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 noncash assistance	(h) Purpose of grant or assistance
(2) ARIZONA BOARD OF REGENTS 888 N. EULID AVE. TUCSON, AZ 85719 74-265: (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-023:							PROGRAM SUPPORT &
888 N. EULID AVE. TUCSON, AZ 85719 74-265: (3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-023:	051	501(C)(6)	1,351,348.				FAMILY MEDICINE INIT
(3) BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 45-023							RESEARCH
2901 N CENTRAL AVE SUITE 160 45-023	689	GOVT/EDUC INST	20,900.				FM CARES
(4) CALIFORNIA AFP FOUNDATION	470	501(C)(3)	11,200.				IMMUNIZATION AWARDS
1520 PACIFIC AVE SAN FRANCISCO, CA 94109 94-2938	597	501(C)(3)	9,500.				EXTERNSHIPS, FMPC GRA
(5) CAPE VOLUNTEERS IN MEDICINE, INC							
423 RTE, 9N CAPE MAY COURT HOUSE, NJ 08210 52-225	585	501(C)(3)	6,492.				FAMILY MEDICINE CAR
(6) CENTER FOR FAMILY MEDICINE							
1115 EAST TWENTIETH STREET 46-031	482	501(C)(3)	11,200.				IMMUNIZATION AWARDS
(7) DALLAS METHODIST HOSPITALS FOUNDATION INC							
1441 N. BECKLEY AVE. DALLAS, TX 75203 75-1548	343	501(C)(3)	11,200.				IMMUNIZATION AWARDS
(8) DIOCESAN COUNCIL FOR THE SOCIETY OF ST PAUL							
420 W. WATKINS ROAD PHOENIX, AZ 85003 86-009	789	501(C)(3)	6,800.				FAMILY MEDICINE CARE
(9) EASTER MAINE HEALTHCARE SYSTEMS							
489 STATE ST BANGOR, ME 04401 01-021	501	501(C)(3)	49,918.				RESEARCH GRANT
(10) FAMILY MEDICINE RES CTR OF NMMC							
1665 SOUTH GREEN STREET TUPELO, MS 38804 45-538	862	501(C)(3)	11,200.				IMMUNIZATION AWARDS
(11) GOOD NEIGHBOR HEALTH CLINIC							
70 N. MAIN STREET WHITE RIVER JCT, VT 05001 03-0340	949	501(C)(3)	7,863.				FAMILY MEDICINE CAR
(12) HEART TO HEART INTERNATIONAL							
401 S. CLAIRBORNE, SUITE 300 48-110				1			
2 Enter total number of section 501(c)(3) and government	359	501(C)(3)	56,063.				INTL DISASTER RELIER

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

SCHEDULE I (Form 990)

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

2016 **Open to Public**

Schedule I (Form 990) (2016)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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

Inspection Employer identification number

FOUNDATION						44-60136	71
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form
(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 noncash assistance	(h) Purpose of grant or assistance
(1) HOPE AT SLAUGHTERVILLE BAPTIST CHURCH MEDIC							
10101 60TH STREET LEXINGTON, OK 73051	73-1338039	CORP	5,984.				FAMILY MEDICINE CARE
(2) kansas afp							
7570 W 21ST NO 1046 C WICHITA, KS 67205	48-1078400	501(C)(6)	10,000.				FMPC GRANTS
(3) MASSACHUSETTS ACADEMY OF FAMILY PHYSICIANS							
210 GREEN BAY ROAD THIENSVILLE, WI 53092	46-4754255	501(C)(6)	6,250.				EXTERNSHIPS, FMPC GRA
(4) MERCED RESIDENCY EDUCATION FOUNDATION							
315 MERCY AVE, SUITE 301 MERCED, CA 95340	77-0321566	CORP	11,500.				FAMILY MEDICINE CARE
(5) MICHIGAN AFP FOUNDATION							
2164 COMMONS PKWY OKEMOS, MI 48864	38-2381592	501(C)(6)	6,250.				EXTERNSHIPS, FMPC GRA
(6) MINNESOTA ACADEMY OF FAMILY PHYSICIANS							
600 HIGHWAY 169 SOUTH, SUITE 1680	41-0804400	501(C)(6)	9,500.				FMPC GRANTS
(7) nebraska afp							
11920 BURT ST., OMAHA, NE 68154	91-1753651	501(C)(6)	7,500.				FMPC GRANTS
(8) NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATIO							
PO BOX 95 ROOTSTOWN, OH 44272	34-1264220	501(C)(3)	24,993.				FAMILY MEDICINE CARE
(9) OHIO ACADEMY OF FAMILY PHYSICIANS FOUNDATIO							
4075 N HIGH STREET COLUMBUS, OH 43214	31-1191776	501(C)(3)	5,750.				EXTERNSHIPS, FMPC GRA
(10) ST LOUIS UNIVERSITY							
221 N GRAND BLVD, DB319 ST. LOUIS, MO 63103	43-0654872	501(C)(3)	7,497.				FAMILY MEDICINE CARE
(11) ST. VINCENT DE PAUL MEDICAL CLINIC							
420 W WATKINS RD PHOENIX, AZ 85003	16-0096789	501(C)(3)	16,000.				FAMILY MEDICINE CARE
(12) TEXAS AFP							
12012 TECHNOLOGY BLVD, SUITE 200	74-1109411	501(C)(3)	7,500.				FMPC GRANTS
2 Enter total number of section 501(c)(3) and	-	•					
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>	<u> </u>		<u></u> . ▶	

JSA 6E1288 1.000

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

SCHEDULE I (Form 990)

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

2016

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION 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? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (q) Description of (h) Purpose of grant or government (if applicable) grant cash assistance noncash assistance or assistance (1) THE CURATORS OF THE UNIV OF MO PO BOX 807012 KANSAS CITY, MO 64180 43-6003859 GOVT/EDUC INST 50,000 RESEARCH GRANT (2) THE RESEARCH FOUNDATION FOR SUNY PO BOX 9 ALBANY, NY 12201 14-1368361 501(C)(3) 26,000 RESEARCH GRANT (3) UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MUL 1701 WEST CHARLESTON LAS VEGAS, NV 89102 501(C)(3) 11,200. IMMUNIZATION AWARDS (4) UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE 601 ELMWOOD AVE ROCHESTER, NY 14642 GOVT/EDUC INST 7,500 (5) UNIVERSITY OF WYOMING FM/CHEYENNE 83-6000331 821 EAST 18TH STREET CHEYENNE, WY 82001 GOVT/EDUC INST 11,200. IMMUNIZATION AWARDS (6) UNIVERSITY PHYSICIANS & SURGEONS, INC. 1600 MEDICAL CENTER DRIVE, SUITE 1500 55-0564945 501(C)(3) 11,200 IMMUNIZATION AWARDS (7) VIRGINIA COMMONWEALTH UNIVERSITY 54-6001758 501(C)(3) 800 E. LEIGH ST, SUITE 113 11,500 RESEARCH GRANT (8) WISCONSIN AFP FOUNDATION 501(C)(3) 210 GREEN BAY ROAD THIENSVILLE, WI 53092 93-0831288 6,250 EXTERNSHIPS, FMPC GRA (9) (10)(11)(12)24. 8.

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

Part III Grants and Other Assistance to Domestic Individuals. 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 AWARDS	1.	500.			
2 CHFM FELLOWSHIP	3.	5,003.			
3 RESIDENT RESEARCH GRANTS	2.	1,000.			
4 LECTURESHIP DISBURSEMENTS	2.	3,000.			
5 GLOBAL HEALTH AWARD	1.	536.			
6 FAMILY MEDICINE LEADS	251.	174,808.			
_					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART 1, 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

DISBURSED AND ONE OR MORE FINANCIAL AND PROGRESS REPORTS (DEPENDING ON

Part III	Grants and Other Assistance to Domestic Individuals. 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					
1					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

INTENT WHICH SERVES AS VERIFICATION OF MATCHING FUNDS TO SUPPORT CLINICAL

Part III	Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

IMMUNIZATION RATES OR IMPLEMENTING A SYSTEM TO IMPROVE CHILDHOOD OR ADULT

Dogo 2

Schedule I (Form 990) (2016)

Part III	Grants and Other Assistance to Domestic Individuals. 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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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

FAMILY MEDICINE PHILANTHROPIC CONSORTIUM (FMPC) GRANT AWARDS - PROVIDE

FOR GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS.

APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMPC REVIEW COMMITTEE WHICH

IS MADE UP OF THE FMPC STEERING COMMITTEE. EACH APPLICATION IS REVIEWED

Part III Grants and Other Assistance to Domestic Individuals. 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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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AND SCORED BY FOUR REVIEWERS, WITH AT LEAST ONE PHYSICIAN REVIEWER. 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 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 REPAID TO THE

Page **2**

Part III	Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FOUNDATION.

RESEARCH GRANT AWARDS - INCLUDES JOINT GRANT AWARDS PROGRAM (JGAP),
RESIDENT RESEARCH GRANT AWARDS, RESEARCH STIMULATION GRANTS, AND PRACTICE
BASED 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 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

art III	Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 (90%) OF THE GRANT FUNDS ARE DISTRIBUTED PERIODICALLY IF TIMELINE IS OVER SIX MONTHS. THE FIRST INSTALLMENT IS DISTRIBUTED UPON RECEIPT OF AN ACCEPTANCE LETTER, AND IRB APPROVAL, AND A SUBSTITUTE W-9 FORM. 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.

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

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

IS HELPING TO ESTABLISH NEW AND EXISTING 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 TWO TIMES A YEAR (MARCH AND SEPTEMBER). THE PROPOSALS ARE REVIEWED AND GRANTS AWARDED BY THE FAMILY MEDICINE CARES USA WORK GROUP. THE SELECTIONS ARE THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL. FUNDS ARE DISTRIBUTED ON AN 80%-20% BASIS.

Part III	Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE INITIAL 80% IS DISTRIBUTED UPON RECEIPT OF THE FREE CLINIC'S LETTER

OF ACCEPTANCE, A 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 Domestic Individuals. 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. 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 11 MEMBERS OF THE FAMILY MEDICINE CARES WORK GROUP. 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. FOLLOWING ANNOUNCEMENT OF THE

Part III	Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AWARD THE RESIDENCY PROGRAM AND HEALTH CLINIC ARE SENT THE AWARD PAYMENT

& 990 INFORMATION FORM FOR COMPLETION. THE FUNDS ARE DISTRIBUTED IN

INSTALLMENTS BEGINNING AFTER RECEIPT OF THIS INFORMATION AND AS REPORTING

REQUIREMENTS ARE MET.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

Department of the Treasury

Internal Revenue Service Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number 44-6013671

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, 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	1b		
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 on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on 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			1
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-6013671

Schedule J (Form 990) 2016

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 on 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 aren't 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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
CRAIG M. DOANE	(i)	0.	0.	0.	0.	0.	0.	0.	
1 ^{EXECUTIVE} DIRECTOR	(ii)	252,925.	11,000.	4,748.	48,956.	24,270.	341,899.	0.	
DOUGLAS HENLEY, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
2BOARD MEMBER\EX-OFFICIO	(ii)	602,044.	76,000.	42,718.	83,235.	21,494.	825,491.	30,775.	
RAELYNN GOCHNAUER	(i)	0.	0.	0.	0.	0.	0.	0.	
3DIRECTOR STRATEGIC PARTNERSHIP	(ii)	115,706.	1,500.	552.	7,582.	25,622.	150,962.	0.	
BRENDA CHERPITEL	(i) _	0.	0.	0.	0.	0.	0.	0.	
4DIRECTOR DEVELOPMENT	(ii)	103,511.	3,000.	1,400.	31,942.	21,958.	161,811.	0.	
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
_ 7	(ii)								
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AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-6013671

Schedule J (Form 990) 2016 Page 3

Part | Supplemental Information

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.

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.

SCHEDULE J, PART I, LINE 4B

	REPORTABLE	DEF	ERRED
DOUGLAS HENLEY	\$ 30,775	\$ 3	3,435
CRAIG DOANE		\$	837

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS' SUPPLEMENTAL RETIREMENT PLAN

Schedule J (Form 990) 2016

AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-6013671

Schedule J (Form 990) 2016

Part | Supplemental Information

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.

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)

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

FOUNDATION

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

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

44-6013671

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.

FORM 990, PART III, LINES 4A, 4B, 4C & 4D FORM 990, PART III, LINE 4A

AWARDS AND GRANTS SUPPORT AND RECOGNIZE INDIVIDUALS, GROUPS,
ORGANIZATIONS AND RESIDENCY PROGRAMS WHO ARE MAKING AN IMPACT IN FAMILY
MEDICINE AND IMPROVING THE HEALTH OF ALL PEOPLE THROUGH HUMANITARIAN,
EDUCATIONAL AND SCIENTIFIC PROJECTS. THESE PROJECTS ENHANCE HEALTHCARE
QUALITY, STIMULATE FAMILY MEDICINE RESEARCH, SUPPORT EDUCATIONAL
SEMINARS, AND PROMOTE INTEREST IN THE SPECIALTY OF FAMILY MEDICINE.

DURING 2016, AWARDS AND GRANTS IMPACTED 7 RESIDENCY PROGRAMS, 48 STATE

AFP CHAPTERS, 140 ORGANIZATIONS, NEARLY 3,000 RESIDENTS, RESEARCH

FELLOWS, FAMILY MEDICINE RESEARCHERS AND MEDICAL STUDENTS, 4,000 YOUTH,

720 HEALTH PROFESSIONALS, AND 41 STATE AFP CHAPTER EXECUTIVES.

WWW.AAFPFOUNDATION.ORG

FORM 990, PART III, LINE 4B

FAMILY MEDICINE LEADS FOCUSES ON ENSURING THE FUTURE OF THE FAMILY
MEDICINE SPECIALTY BY SUPPORTING EFFORTS TO FILL THE WORKFORCE PIPELINE

WITH BOTH THE QUANTITY AND QUALITY OF FAMILY PHYSICIANS NEEDED TO IMPROVE THE HEALTH OF ALL PEOPLE, AS WELL AS BY SUPPORTING THE DEVELOPMENT OF FUTURE FAMILY MEDICINE LEADERS.

IN 2016, 239 SCHOLARSHIPS WERE PROVIDED FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO ATTEND NATIONAL CONFERENCE, WITH THE GOAL OF INFLUENCING STUDENTS' AND RESIDENTS' COMMITMENT TO THE SPECIALTY OF FAMILY MEDICINE.

FAMILY MEDICINE LEADS EMERGING LEADER INSTITUTE IS A YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM THAT BRINGS TOGETHER 30 PARTICIPANTS FOLLOWING A COMPETITIVE APPLICATION PROCESS. IT TARGETS FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS WHO DISPLAY LEADERSHIP POTENTIAL BUT MAY OR MAY NOT HAVE SERVED IN A LEADERSHIP ROLE.

HTTP://WWW.AAFPFOUNDATION.ORG/FOUNDATION/OUR-WORK/PROGRAMS/EDUCATION.HTML

FORM 990, PART III, LINE 4C

FAMILY MEDICINE CARES WAS CREATED TO ADDRESS THE HEALTH CARE NEEDS OF UNDERSERVED POPULATIONS, BOTH DOMESTICALLY AND INTERNATIONALLY. FAMILY MEDICINE CARES USA (FMC USA) AND FAMILY MEDICINE CARES INTERNATIONAL (FMCI) PROVIDE PATIENT CARE, DELIVER EDUCATION AND TRAINING IN FAMILY MEDICINE, SUPPORT THE OPENING OF FREE CLINICS, AND WORK TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF MEN, WOMEN, AND CHILDREN IN NEED. BOTH OFFER OPPORTUNITIES FOR PHYSICIANS, RESIDENTS, AND MEDICAL STUDENTS TO

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

44-6013671

VOLUNTEER OR PARTICIPATE IN HUMANITARIAN PROJECTS.

SINCE 2011, FMC USA HAS GRANTED A TOTAL OF \$340,829 TO 30 FREE CLINICS

(EIGHT IN 2016) REPORTING A VALUE OF MORE THAN \$32 MILLION IN SERVICES

DURING APPROXIMATELY 164,000 PATIENT VISITS. IN 2016 CLINICS REPORTED

2047 VOLUNTEERS AND 19,177 VOLUNTEER HOURS BY FAMILY MEDICINE (STUDENTS, RESIDENTS, ACTIVE AND RETIRED FAMILY PHYSICIANS).

DURING 2016, THE FMC USA RESIDENT SERVICE AWARD SUPPORTED TWO PROJECTS:

(1) A PREVENTIVE SERVICES PROJECT THAT EXPANDED FREE CLINIC SERVICES TO

ENSURE AGE-APPROPRIATE SCREENING FOR CERVICAL, BREAST AND COLORECTAL

CANCER, AND ADVANCED CARE FOR WOMEN AGE 21-75 AND MEN AGE 50-75; AND (2)

A HARM-REDUCTION, NEEDLE EXCHANGE PROGRAM TO CONNECT THE HEALTHCARE

SYSTEM TO AN OFTEN UNREACHABLE POPULATION IN AN AREA OF EXTREME POVERTY.

DURING 2016, FMCI IMPACTED OVER 500 CHILDREN BY PROVIDING FACILITY

IMPROVEMENTS TO THREE SCHOOLS WHICH INCLUDED BUILDING A SECURITY FENCE,

PAINTING CHAIRS AND BENCHES, ESTABLISHING A NEW COMPUTER LAB/LIBRARY,

INSTALLING STAIRS, PAINTING BUILDINGS, AND INSTALLING A HAND WATER PUMP

AT A SCHOOL FOR CLEAN SAFE POTABLE WATER.

HTTP://WWW.AAFPFOUNDATION.ORG/FOUNDATION/OUR-WORK/PROGRAMS/HUMANITARIAN.HT
ML

FORM 990, PART III, LINE 4D

ESTABLISHED IN 1992, THE CENTER FOR THE HISTORY OF FAMILY MEDICINE (CHFM)

PRESERVES AND SHARES THE HISTORY OF FAMILY MEDICINE WITHIN THE UNITED

STATES. THE CHFM SERVES THREE IMPORTANT ROLES IN ONE, AS A HISTORICAL

RESEARCH LIBRARY, ARCHIVE, AND MUSEUM. THE CHFM ALSO SERVES AS THE

OFFICIAL REPOSITORY FOR LEADING ASSOCIATIONS AND ORGANIZATIONS IN FAMILY

MEDICINE.

DURING 2016, THE CENTER RESPONDED TO 970 REFERENCE REQUESTS FROM ORGANIZATIONS, UNIVERSITIES, RESIDENCY PROGRAMS AND INDIVIDUALS, INCLUDING PRACTICING AND RETIRED PHYSICIANS, STUDENTS, RESIDENTS AND PRIVATE RESEARCHERS.

THE CHFM ALSO SPONSORS A FELLOWSHIP IN THE HISTORY OF FAMILY MEDICINE

EACH YEAR. THE FELLOWSHIP SUPPORTS RESEARCH USING THE COLLECTIONS OF THE

CHFM TO ADVANCE UNDERSTANDING AND APPRECIATION OF THE HISTORY OF FAMILY

MEDICINE.

HTTP://WWW.AAFPFOUNDATION.ORG/FOUNDATION/CHFM.HTML

FORM 990, PART VI, SECTION A, LINE 2

EVELYN LEWIS AND CLARK, S. HUGHES MELTON, P. BRENT SMITH, DOUGLAS A

SPOTTS, JOHN BENDER, ROBERT LEE, LYNNE LILLIE, REBECCA JAFFE, GRETCHEN

IRWIN, JULIE ANDERSON, DOUGLAS HENLEY, ELIZABETH WEI MCINTOSH, CLAYTON

COOPER, CHRISTOPHER WATSON, CRAIG DOANE, PHYLLIS NARAGON, BRENDA

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

44-6013671

CHERPITEL AND RAELYNN GOCHNAUER HAVE BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION A, LINE 4

THE BY-LAWS WERE AMENDED TO ADDRESS TERMS AND TERM LIMITS (SECTION 2G):

THE RESIDENT TRUSTEE AND STUDENT TRUSTEE TERM BEGINS SEPTEMBER 1 AND ENDS

AUGUST 31, PREVIOUSLY THE TERM BEGAN NOVEMBER 1 AND ENDED OCTOBER 31

FORM 990, PART VI, SECTION A, LINE 6

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

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

MEMBERS.

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.

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

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

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

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING (CPA) FIRM AND REVIEWED

BY THE ASSISTANT CONTROLLER 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

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

44-6013671

REVIEW. AFTER THE FORM 990 IS APPROVED, IT WILL BE SIGNED BY THE EXECUTIVE DIRECTOR, AND THEN FILED.

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PROVIDING A COPY OF

THE POLICY TO ALL BOARD TRUSTEES, OFFICERS, MEMBER REPRESENTATIVES AND

EMPLOYEES. THE ABOVE INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN THE

ACKNOWLEDGEMENT STATEMENT AND THE ANNUAL DISCLOSURE INFORMATION FORM. IF

THE BOARD DETERMINES THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN

ACTUAL OR POSSIBLE PERSONAL OR PRIVATE INTEREST OR ENGAGEMENT, OR 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.

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

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.

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

44-6013671

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE VIA THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9

EQUITY IN SUBSIDIARY EARNINGS \$ 1,100,300

DIVIDEND FROM SUBSIDIARY (1,066,000)

TOTAL OTHER CHANGES IN NET ASSETS \$ 34,300

========

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

DC, 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 2

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTED SERVICES - ASA	1,364,459.	681,374.	248,585.	434,500.
OTHER FEES FOR SERVICES	381.527.	187.434.	66.175.	127.918.

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS

Employer identification number

44-6013671

ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

 $(A) \qquad \qquad (B) \qquad \qquad (C) \qquad \qquad (D)$

TOTAL PROGRAM MANAGEMENT FUNDRAISING DESCRIPTION FEES SERVICE EXP. AND GENERAL EXPENSES

TOTALS 1,745,986. 868,808. 314,760. 562,418.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

FOUNDATION

Department of the Treasury

Internal Revenue Service Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II 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	cont	(g) 512(b)(13) trolled tity?
						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	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) 2016

JSA

Schedule R (Form 990) 2016

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V - UBI General managir of Schedule K-1 partner		General or 0 managing		(k) Percentage ownership
		,		,			Yes	No		Yes	No			
(1) AAFP POOLED INV FD 43-1695097														
11400 TOMAHAWK CREEK PARKWAY L	ASSET MANAGEMENT	MO	N/A	EXCLUDED FROM TAX	81,523.	1,255,080.		х			Х	1.1574		
(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	conti	tion b)(13) rolled tity?
									Yes	
(1) AAFP INSURANCE SERVICES	43-1226253									
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211		INSURANCE ADMIN	KS	AAFP FDN	C CORP	1,100,300.	4,977,595.	100.0000	х	
(2) CHARITABLE REMAINDER TRUSTS (2)										
		CHARITABLE TRUST	KS	N/A					x	
(3)										
(4)										
(5)										_
(6)										_
		1								
(7)										_
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		1		L	1				-	_

JSA

Schedule R (Form 990) 2016

6E1308 1.000

Schedule R (Form 990) 2016 Page 3

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s).	1f	X	l
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)			Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	.	Х
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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 three	sholds	s.	
				_

(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	В	1,351,348.	CASH
(2) AMERICAN ACADEMY OF FAMILY PHYSICIANS	С	72,043.	CASH
(3) AAFP INSURANCE SERVICES	F	1,066,000.	CASH
(4) AMERICAN ACADEMY OF FAMILY PHYSICIANS	Р	1,925,198.	CASH
<u>(5)</u>			
<u>(6)</u>			

JSA 6E1309 1.000 Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

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	(state or foreign	income (related, unrelated, excluded from tax under	501 organiz		(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General managir partner		General or managing partner?		General or managing partner?		General or managing		General or managing		General or managing		(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No													
(1)																									
(2)																									
(3)																									
(4)																									
(5)																									
(6)																									
(7)																									
(8)																									
(9)																									
10)																									
11)																									
12)																									
13)																									
14)																									
15)																									
16)																									
101																									

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Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.