AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN PUBLIC DISCLOSURE COPY FORM 990 TAX YEAR 2018

Form	9	9	0
Departm	nent of	f the	Treasury

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 2018

Inter	nal Reve	nue Ser	/ice			Infor	mation	about	t Form	990 an	d its i	nstructio	ons is	at www.ir	rs.gov/	form9	90.			Inspec	tion		
A F	or th	e 201	8 cale	endar ye	ear, or	tax yea	ar begi	inning	J			, 20 ⁻	18, ar	nd endin	g				,	20			
Р.			C Nam	me of orga	anization											D Er	nployer id	entif	ication n	ımber			
р с	heck if ap		AM	IERICA	N ACA	ADEMY	MY OF FAMILY PHYSICIANS FDN																
	Addre chang		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite									44-6013671											
	Name	change	Num	mber and	street (or	r P.O. boy	c if mail is	s not de	elivered to	o street a	address)	Ro	om/suite		E Telephone number							
	Initial	return	11	400 т	'OMAHA	AMK CI	REEK	PARK	KWAY				4	440		(91	3) 90	б-	6000				
	Termi	inated	City	/ or town,	state or p	province,	country,	and ZIF	P or fore	eign posta	al code												
	Amen return		LE	EAWOOD), KS	66213	1									G G	ross receip	ots \$		9,820	5,528.		
	Applic pendi	cation	F Nam	me and ac	dress of	principal	officer:	H	IEATH	ier p <i>i</i>	ALME	R				H(a)	s this a gro subordinates	urn for	Yes	XN			
			11	400 T	OMAHA	AWK CI	REEK	PKWY	Y #44	40, L	EAWC	OD, K	(S 6)	6211			Are all subor		included?	Yes			
I	Tax-ex	empt st	atus:	X 50	1(c)(3)	5	501(c) () <	ins (sert no.)		4947(a)(1) or	52	7	1	lf "No," atta	ch a li	st. (see ins	ructions)			
J	Websi	te: 🕨	WWW.	AAFPF	OUND	ATION	.ORG									H(c) (Group exem	ption	number	•			
ĸ	Form o	of orgar	ization:	X Co	poration	Tr	ust	Assoc	ciation	Oth	ner 🕨			L Year of	f format	ion: 1	958 M	State	e of legal	domicile	: KS		
P	art I	Su	mmar	y																			
	1	Briefly	/ descr	ribe the o	organiza	ation's m	ission o	or mos	st signifi	icant act	tivities:	THE	AAFI	P FOUN	DATI	ON A	DVANC	ES	THE	/ALUE	S		
ė														TIONA									
and		SCI	ENTI	FIC I	NITIA	TIVES	THA	TIM	1PROV	/E THI	E HE	ALTH	OF A	ALL PE	OPLE								
Governance	2	Check	this b	oox ►	if th	e organi	zation o	discon	tinued	its oper	rations	or dispo	osed of	f more that	an 25%	of its	net asset						
ğ				oting me		0				•		•						3			20.		
				-		-	-											4			19.		
ties																		5			0.		
Activities &				er of volu														6			125.		
Ac								• •										7a			0		
																		7b			0		
												<u> </u>			İ		r Year	1		urrent `	/ear		
	8	Contr	ibution	is and gra	ants (Par	rt VIII. lir	ne 1h)					r				2,	681,39	91.		1,74	6,095		
nue	9	Progra	am ser	rvice reve	enue (Pa	rt VIII. lir	ne 2a)						OPY F					0.		-	0		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)				ECTION		2,	194,02	25.		2,440,86											
Ř																	-3,5		3,875				
				ue - add l												4,	871,88	39.		4,190,833			
																	993,39		961,845				
	14																	0.			0		
6	4.5																30,3	75.		3	2,400		
ISe	16a																	0.			0		
Expenses	b	Total	fundrai	ising exp	henses (I	Part IX	column ((D) lin	ne 25) ∎	· · · ·		730,96	57.										
ŵ	17	Other	expen	ises (Pai	rt IX. coli	umn (A).	lines 1	1a-11d	d. 11f-2	4e)						2,	348,95	53.		2,21	2,866		
				ses. Add									• • •			4,	372,72	23.			7,111		
			•	ss expens			•						• • •				499,10				3,722		
or															Begin	ning of	Current	Year	E	nd of Ye			
et Assets or nd Balances	20	Total	assets	(Part X,	line 16)											19,0	061,59	91.	1	7,64	6,065		
Ass I Ba	21			es (Part												1,	207,72	27.		77	2,891		
Net Innc	22			or fund b													853,80		1	6,87	3,174		
	rt II			re Block																			
Un	der per	nalties d	of perju	ry, I decla	are that I	have exa	amined th	his retu	urn, inclu	uding ac	compa	nying sch	edules	and staten	nents, a	and to t	the best o	f my	knowled	ge and b	oelief, it is		
true	e, corre	ct, and	comple	ete. Declai	ration of p	oreparer (other tha	In office	er) is bas	sed on al	l inform	nation of v	which p	reparer ha	s any ki	nowled	ge.						
Sig			Signatu	ure of offic	cer												Date						
He	re																						
			Туре о	r print nar	ne and tit	le																	
		Print/	Type pr	reparer's r	name			Prep	parer's si	ignature				Date		C	Check	if	PTIN				
Paic											self-employed P01559426												
	parer	Firm's	name	► Bł	KD, LI	LP										Firm's EIN ▶ 44-0160260							
use	Only			s 🕨 12	01 WALN	UT, SUI	TE 1700	0 KANS	SAS CIT	ΓΥ, MO	64106	-2246				Phone		810	5-221	-6300)		

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions					
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	44-6013671					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)					
due date for filing your	11400 TOMAHAWK CREEK PARKWAY 440						
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	LEAWOOD, KS 66211						
	·						

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

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 The books are in the care of ► <u>11400 TOMAHAWK</u> Telephone No. ► <u>913 906-6000</u> 		Fax No. 🕨			
• If the organization does not have an office or place of					
• If this is for a Group Return, enter the organization's for	our digit Gro	oup Exemption Number (GEN)			If this is
for the whole group, check this box \ldots .		art of the group, check this box		an	d attach
a list with the names and EINs of all members the extens					
1 I request an automatic 6-month extension of time u			org	gan	ization return
for the organization named above. The extension is	s for the or	ganization's return for:			
 ► X calendar year 20 <u>18</u> or ► tax year beginning 	, 20	, and ending,	20_		
2 If the tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, che	ck reason: 🔄 Initial return 📄 Final return	٦		
3a If this application is for Forms 990-BL, 990-PF, 9	90-T, 472	D, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any refundable credits and			
estimated tax payments made. Include any prior yea	ar overpayr	nent allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required, by using EFTPS			
(Electronic Federal Tax Payment System). See instru	uctions.		3c	\$	0.
Caution: If you are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see Form 8453-EO and Form	1 88	79-1	EO for payment
instructions.					
For Briveou Act and Benerwork Beduction Act Nation and inst	rustions		F		969 (Day 1 2010

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

Form 8868 (Rev. 1-2019)

For	rm 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION ADVANCES THE	
	VALUES OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL	
	AND SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	. Yes X No
1	Describe the organization's program service accomplishments for each of its three largest program service	ces as measured by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,028,230. including grants of \$ 645,721.) (Revenue \$	0.)
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ 352,616. including grants of \$ 176,400.) (Revenue \$)	0.)
	SEE SCHEDULE O	
4c	: (Code:) (Expenses \$324,246. including grants of \$137,706.) (Revenue \$	0.)
	SEE SCHEDULE O	
4d	I Other program services (Describe in Schedule O.)	
	(Expenses \$ 190,950. including grants of \$ 2,018.) (Revenue \$ 0.)	
	• Total program service expenses ► 1,896,042.	
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AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Form 990 (2018)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ŭ	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.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		
U	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI,	10		
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	Па		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
<u>م</u>	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		· · ·	
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
JSA			000	

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Part N Checklist of Required Schedules (continued) Ves No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, continue (A), ince 31 (***********************************	-	90 (2018)		F	Page 4
22 Did the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2/f "Ves," complete Schedule I, Parts I and III. 23 23 Did the organization answer "Ves" to Part VII. Soction A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated amployees. The "Sc complete Schedule J, Parts I, and the size scale and the Docember 31, 2002 // 1* Ves," answer lines 24 with two sizes and antibus two sizes and the Docember 31, 2002 // 1* Ves," answer lines 24 with two sizes and this vasis scale and the Docember 31, 2002 // 1* Ves, "answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves," answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves," answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves, "answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves," answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves, "answer lines 24 with two sizes and the Docember 31, 2002 // 1* Ves," answer lines 24 with two during the year? 24 Did the organization marks and "on behalf of tissue for bords outstanding at any time during the year? 24 with the the tanasaction banks on the encore 24 with a disqualified person in a prior year, and that the tanasaction and the responted on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables form or payables to any current of form or officers, directors, trustee, key employee, substantial contributors or employee thereod, a grant to usole, key employees, highest Schedule L, Part I. 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of form or officers, director, trustee, or they assistance to an offi	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), line 22 If Viss, "complete Schedule I. Parts I and III. 22 X 21 Did the organization answer "Yes" to Part VII. Section A. Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest component for the St00.000 as of the list day of the year. Hue was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the list day of the year. Hue was issued after December 31, 2002? If "Yes," answer lines 24b Xa 2 Did the organization invisation are scores account other than a refunding sectors at any time during the year Zad 2 Did the organization as an orn bohall of issuer for bonds outstanding at any time during the year? Zad 2 Did the organization as an orn bohall of issuer for bonds outstanding at any time during the year? Zad 2 Did the organization as at as an 'on bohall of issuer for bonds outstanding at any time during the year? Zad 2 Did the organization as that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage of an excess benefit transaction with a disqualified person of the year? Zad 2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, any current of former officers, directors, trustees, key employee, so this estimate organization any annout on there officer, director, tr				Yes	No
23 Did the organization answer 'Yes' to Part VII, Section A, Ins 3, 4, or 5 about compensation of the organization scurrent and former officers, firectors, trustees, key employees, and highest compensated employees? If 'Yes' complete Schedule J	22				
arginization's current and former officers, directors, trustees, key employees, and highest compensate in the standard of the year, thet was issued after December 31, 2002? If "Yes," answer files 24b through 24d and completes Schedule I. Wo." go to line 25a. 24a 24a 24a 24a 2 Did the organization nimits any proceeds of tax-exempt bond beyond a temporary period exception'. 24a 24a 24a 2 Did the organization nimits any proceeds of tax-exempt bonds beyond a temporary period exception'. 24d 24d 2 Did the organization and intain an escrow account ofter than a relunding exert was any time during the year 24d 24d 2 Did the organization and are on obtands? 24d 24d 24d 2 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 in a prior year, and that the transaction has not been reported on any of the organization or paysebes to any of these person in a prior year, and that the transaction any of these person is prior prevers, and that the transaction any of these person? 26 X 2 Did the organization organization engines thereof any of these person? 26 X 27 2 Did the organization organization any of these person? 26 X 27 2 Did the organization organization any of these person? 26 X 27 2 Did the organization indipete Schedule L, Par			22	X	
employees? If "Yes," complete Schedule J 23 X 24 Did the organization have at 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 2.4b 24. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24. X c Did the organization and an an encore account other than a refunding excreve at any time during the year? 24. X4. d Did the organization area an "on bohalf of issuer for bonds outstanding at any time during the year? 24. Z4. 253 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in a neccess benefit transaction with a disqualified person in a prior year, and that the transaction haves not been reported on any of the organization spinor forms 900 or 900-E27 25. 11 "Ves," complete Schedule L, Part I. 26. X 25 Did the organization avere that t engaged in any of the organization spinor forms 900 or 900-E27 27. X 26 Did the organization avere transes (incretos, trustes, key employees, highes complexes the engloyee or or disqualified persons? If "%s," complete Schedule L, Part II. 26. X 27 Did the organization avere transes (incretos, trustes, key employee) for the following parties (see Schedule L, Part IV) 28. X 26 A family member of a current or tormer officer, director, trustee, or ke	23				
24a Did the organization have a tax-esempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31. 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No," go to line 25a. 24a X b Did the organization mismistin an escrow account other than a refunding server at any time during the year? 24b 24b c Did the organization anistin an escrow account other than a refunding server at any time during the year? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person with a second that the transaction may of the organization angage in an excess benefit transaction with a disqualified person with a disqualified person any complex schedule L Part I. 25a X 25 Did the organization aspect any smouth on Part X. line 6 , 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 I. 26 X 27 Did the organization party to a business transaction with no of the following parties (see Schedule L Part I). 26 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L Part IV). 28a X 29 Did the organization in aperty to a business transaction with one of the solubles Schedule L Part IV. 28a X				37	
S 100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer fines 24b 24a X b Did the organization maintain an escrow account other than a refunding secrow at any time during the year 24a X c Did the organization exists an 'on behalf of' issuer for bonds outstanding at any time during the year'. 24d 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year'. 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is an ot been reported on any of the organization serves, or omplete Schedule L Part I. 25b X 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 person? If 'Yes,' complete Schedule L, Part II. 26 X 27 Did the organization aprive to a buints transaction, sand exceptions): a 35% controlled entity or family member of any of these person? If 'Yes,' complete Schedule L, Part IV. 28a X 27 Was the organization action of ormer officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X 28 Vas the organization receive more that 25.000			23	X	
through 244 and complete Schedule K. If No.* got to line 25a Yet Y	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 255 Section 501(c)3), 501(c)4), and 501(c)2(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization set that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transactions, threstors, trustees, key employees, highest compensated employees, or disqualified person? If 'Yes,' complete Schedule L, Part I. 25b X 260 Did the organization act as an 'on other assistance to an officer, director, trustee, key employees, or disqualified person? If 'Yes,' complete Schedule L, Part II. 26b X 270 Did the organization act areas transaction, with one of the following parties (see Schedule L, Part IV. 28a X 280 Was the organization act (intert), furstee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization repore or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of an, historical tresavers, or qualified person? If 'Yes,' complet					v
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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, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization receive and fisce, discove and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization relation schedule du any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 33a X 34 Was the organization receive and tax tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 35a X 35a Did the organization sell, e			26		Х
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conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 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," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 35b X 37 Did the organization complete Schedule O. 37 X 37 X 38 Did the organization complete Schedule C. 37 37 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule Q. RPart V, line 2 36 X	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? 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," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Bection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 37 X 38 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 283 1 39 Note. All Form 990 filers are required to complete Schedule O. 1a 283 0 1 0 37 X 38	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 35b X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule R, Part V, line 2 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X 39 Did the organization complete Schedule O contains a response or note to any line in this Part V. 38 X 3			30		
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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	25 -				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a	A	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Ia 283 1a 283 Ib 0. Ib 0. 28 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ia 283	D		25h	x	
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19? Note. All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Image: Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check if Schedule O contains a response or reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O contains a response or reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O contains a response or reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	38				
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
reportable gaming (gambling) winnings to prize winners?					
Form 990 (2018)			1c	Х	
	JSA		Form	990	(2018)

Form 990 (2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
-	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(201	8)

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Part VI	Governance, I	Management,	and	Disclosure	For	each	"Yes"	response	to	lines 2	2 throu	gh 7Ľ	below	, and	for	a "I	No'
	response to line																
	Check if Schedu	ule O contains a	respo	nse or note	to any	/ line ir	n this F	Part VI								. Г	Х

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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	37
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	Х	
	one or more members of the governing body?	7a	Λ	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
•	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	х	
a L	The governing body?	8b	X	<u> </u>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13 14	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		
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	
	The organization's CEO, Executive Director, or top management official	15a	-	X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
h	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	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) 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)			

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BRENDA GASTON 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 913-906-6000

JSA

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors	nd
	Check if Schedule O contains a response or note to any line in this Part VII	Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)						
(A)	(B)	Posr (do not check r			ition			(D)	(E)	(F)
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box, unless person is both an officer and a director/trustee						from	related	other
	hours for	9 .	5	Q	2	역 표	F	the	organizations	compensation
	related	Individual or directo	stitu	Officer	ey er	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trust	7	Key employee	st cc yee	Ť	(W-2/1099-MISC)		organization and related
	line)		al tru		yee	mpe				organizations
		ëe	Istee			Highest compensated employee				
						ted				
(1)TOMAS P. OWENS, MD	1.00									
BOARD MEMBER\CHAPTER 2019	0.	x						1,800.	0.	0.
(2)MARTIN DEVINE, MD, FAAFP	1.00							_,		
BOARD MEMBER\AT-LARGE 2020	0.	x						1,050.	0.	0.
(3)P. BRENT SMITH, MD	8.00									
BOARD MEMBER\PRESIDENT	1.00	x		Х				6,525.	900.	0.
(4)ADA STEWART, MD, FAAFP	1.00									
BOARD MEMBER\ACADEMY 2019	15.00	X						0.	26,242.	0.
(5) JOHN BENDER, MD, MBA, FAAFP	1.00									
BOARD MEMBER\RESIGNED-SEP 2018	15.00	Х						0.	0.	0.
(6)GRETCHEN IRWIN, MD, MBA, FAAFP	1.00									
BOARD MEMBER\CHAPTER 2018	0.	Х						0.	0.	0.
(7) DAVID R. SMITH, MD, MPH, FAAFP	1.00									
BOARD MEMBER\AT-LARGE 2019	0.	Х						900.	0.	0.
(8) REBECCA JAFFE, MD, MPH, FAAFP	2.00	-								
BOARD MEMBER\TREASURER	1.00	Х		Х				1,575.	900.	0.
(9)BARBARA E. KAY	1.00	-							_	_
BOARD MEMBER\CORPORATE 2019	0.	X						900.	0.	0.
(10) CHRISTY SKIBIKI, MD	1.00									0
BOARD MEMBER\CORPORATE 2020	0.	X						0.	0.	0.
(11) RICHARD E. SMITH, JR	1.00							1 500	0	0
BOARD MEMBER\PUBLIC 2019	0.	X						1,500.	0.	0.
(12) E. J. HOLLAND, JR.	1.00	37						000	0	0
BOARD MEMBER\PUBLIC 2020	0.	X						900.	0.	0.
(13)DOUGLAS A. SPOTTS, MD, FAAFP BOARD MEMBER\PRESIDENT ELECT	8.00	x		x				6,525.	900.	0.
(14)JULIE KAY ANDERSON, MD, FAAFP	2.00	^		^				0,525.	900.	0.
BOARD MEMBER/VICE PRESIDENT	2.00	x		х				2,700.	3,200.	0.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I					L	,	-,	

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Form 990 (2018) Part VII Section A. Officers, Directors, Tru	istoos Ka		nla			and L	اما	hast Companyat	od Employee	c (aa)	Page (
		ey En ∣	пріо			and r	ligi			<u>s (cor</u>	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations		(F) Estimated amount of other compensation
	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)		from the organization and related organizations
15) RENEE MARKOVICH, MD BOARD MEMBER\CHAPTER 2020	1.00 0.	x						1,050.		0.	0
16) DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO	1.00 39.00	x						0.	803,37	4.	113,438
17) JAY-SHEREE ALLEN, MD BOARD MEMBER\RESIGNED-AUG 2018	1.00							1,650.	30		0
18) KRISTINA LAGUERRE, MD BOARD MEMBER\RESIDENT 2019	1.00 1.00	x						600.	30	0.	0
19) WINDEL STRACENER, MD, FAAFP BOARD MEMBER\ACADEMY 2020	1.00 15.00	x						0.	25,27	3.	0
20) CARRIE A. JOHNSON BOARD MEMBER\CORPORATE 2018	1.00 0.	x						0.		0.	0
21) DAVID A. GOVAKER BOARD MEMBER\RESIGNED-MAR 2018	1.00 0.	x						0.		0.	0
22) WARREN E JONES, MD, FAAFP BOARD MEMBER\PUBLIC 2018	1.00 0.	x						1,050.		0.	0
23) MICHAEL KELLER BOARD MEMBER\STUDENT 2019	1.00 0.	x						1,800.		0.	0
24) CRAIG M. DOANE EXEC. DIR.\RESIGNED-FEB 2018	16.00 24.00			х				0.	200,15	51.	12,631
25) HEATHER PALMER, MBA, MA EXECUTIVE DIRECTOR	32.00 8.00			х				0.	120,64		24,886
1b Sub-total								24,375.	32,14		0
c Total from continuation sheets to Part VII, S	ection A							6,150.	1,488,63		288,844
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t		liste				► o re	30,525. eceived more than	1,520,78 \$100,000 of	0.	288,844
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No 3 X
4 For any individual listed on line 1a, is the sorganization and related organizations grain <i>individual</i> .	eater than	\$15	50,0	00?	i If	"Yes	s," (complete Schedu	le J for suc	h	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ya</i>											5 X
Section B. Independent Contractors											
 Complete this table for your five highest com compensation from the organization. Report of year. 											s tax
(A) Name and business add	Iress							(B) Description of se	rvices	Cor	(C) mpensation
ATTACHMENT 2							+				
							+				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** 1

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Page **8**

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ploy	yee	es, a	and H	lig	hest Compensat	ed Employe	es (cor	ntinue	d)	Page
(A) Name and title	e and title Average Position Reportable compensation week (list any week (list any box, unless person is both an from box, unless person is both an from from from from from from from from			compensation related	Reportable E mpensation from a related		(F) timated ount o other pensati	of					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-M		orga and	om the anizatio I related nizatio	on d
6) BRENDA GASTON ASSISTANT CONTROLLER	10.00					x		0.	108,1	132.		58,2	23
7) PHYLLIS NARAGON DIRECTOR FOUNDATION PROGRAMS	40.00					x		0.	122,5			42,8	
8) BRENDA CHERPITEL	40.00												
DIR. DEVELOP\RESIGNED AUG 2018	0.					X		0.	107,9	951.		36,8	5.
Ib Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A	• • • • • •					•						_
2 Total number of individuals (including but not li reportable compensation from the organization		hose I 0.		d ab	ove	e) who	o re	eceived more than	\$100,000 of				
3 Did the organization list any former office	er, directo	r, or	trus	stee	ə, k	key e	emp	oloyee, or highes	t compensat	ted		Yes	
 employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations gre 	um of rep	ortab	le co	omp	pen	satior	n ai	nd other compens	sation from t	he	3		
individual											4	X	ŀ
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye Section B. Independent Contractors											5		
 Complete this table for your five highest comp compensation from the organization. Report co year. 											s tax		
(A) Name and business addr	ress							(B) Description of se	ervices	Cor	(C) mpens	ation	
									1				_
							-						_

		Check if Schedule O co	ontains a respor	ise or note to an				
					(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					
Gra	b	Membership dues	1b					
Ę, An	с	Fundraising events	<u>1</u> c	51,104.				
ilar Gi	d	Related organizations	1d	127,024.				
Sin	е	Government grants (contribu	tions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, and similar amounts not included	-	1,567,967.				
	g h	Noncash contributions included Total. Add lines 1a-1f			1,746,095.			
anı				Business Code				
ever	2a							
e R	b							
Ś	с							
Ser	d							
Program Service Revenue	е							
ogr	f	All other program service rev	enue					
7	g	Total. Add lines 2a-2f		<u></u>	0.			
	3		cluding divider					
		and other similar amounts).			1,589,344.			1,589,344
	4	Income from investment of	•		0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
			(I) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)			0.			
	d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of assets other than inventory	6,446,345.	(,				
			0,110,515.					
	b	Less: cost or other basis	5,594,826.					
		and sales expenses	851,519.					
	c d	Gain or (loss)			851,519.			851,519
nue	Jua	events (not including \$	0					
eve		of contributions reported on						
л В		See Part IV, line 18		44,744.				
Other Revenue	b			40,869.				
Ŭ	с			<u></u>	3,875.			3,875
	9a	Gross income from gaming	activities.					
		See Part IV, line 19	a	0.				
	b	Less: direct expenses	b	0.				
	c	Net income or (loss) from g		· · · · · • •	0.			
	10a	Gross sales of inventor of inventor of the sales of the s	•	0.				
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sa	les of inventory		0.			
		Miscellaneous Revenu	e	Business Code				
	11a							
	b							
	с							
	d	All other revenue		L				
	e	Total. Add lines 11a-11d		· · · · · · • • •	0.			0.444.555
	12	Total revenue See instruction	ns		4,190.833			2,444,738

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Form 990 (2018) AMERICAN A Part IX Statement of Functional Expenses	ACADEMY OF FAMIL	T LUIDICIAND LI	44-00	13671 Page 1
Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colur	nn (A)
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21	771,707.	771,707.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	185,418.	185,418.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	4 7 2 0	4 7 2 0		
individuals. See Part IV, lines 15 and 16	4,720.	4,720.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	32,400.	7,250.	18,950.	6,200
trustees, and key employees	52,100.	7,250.	10,990.	0,200
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	818.		818.	
c Accounting	27,296.		27,296.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	87,082.	17,586.	69,496.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) $ATCH = 3$	1,513,482.	795,178.	318,205.	400,099
12 Advertising and promotion	40,090.	13,728.	791.	26,362
13 Office expenses	5,663.	1,933.	336.	2,939 36,666
14 Information technology	0.	432.		30,000
15 Royalties	0.			
16 Occupancy	120,508.	34,943.	64,949.	20,616
17 Travel	120,500.	51,515.	01,919.	20,010
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	183,237.	18,359.	61,566.	103,312
20 Interest	0.		. ,	,
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	18,842.	18,842.		
23 Insurance	13,883.	6,371.	7,512.	
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.)				
aMAILING SERVICES AND POSTAGE	47,332.	830.	443.	46,059
bDESIGN AND PRINTING	84,341.	6,773.	5,102.	72,466
cOTHER PROGRAM EXPENSES	14,718.	11,115.	1,945.	1,658
dBANK CHARGES	15,945.		1,906.	14,039
e All other expenses	2,195.	857.	787.	551
25 Total functional expenses. Add lines 1 through 24e	3,207,111.	1,896,042.	580,102.	730,967
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if				
following SOP 98-2 (ASC 958-720)	0			

0.

following SOP 98-2 (ASC 958-720)

Page	1	1

rt X				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	(
2	Savings and temporary cash investments	328,290.	2	375,259
3	Pledges and grants receivable, net	143,397.	3	193,74
4	Accounts receivable, net	146,393.	4	177,90
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0.	6	
7	Notes and loans receivable, net	0.	7	
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	45,722.	9	46,57
10 a	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 356, 276.			
	b Less: accumulated depreciation	62,806.	10c	43,96
11	Investments - publicly traded securities	16,837,328.	11	15,157,53
12	Investments - other securities. See Part IV, line 11	1,497,655.	12	1,651,07
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,061,591.	16	17,646,06
17	Accounts payable and accrued expenses	700,560.	17	446,50
18	Grants payable	251,327.	18	133,17
19	Deferred revenue	50,849.	19	11,07
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	204,991.	25	182,13
26	Total liabilities. Add lines 17 through 25	1,207,727.	26	772,89
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	13,676,143.	27	12,812,36
28	Temporarily restricted net assets	1,982,251.	28	1,982,25
29	Permanently restricted net assets	2,195,470.	29	2,078,55
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	17,853,864.	33	16,873,17
34	Total liabilities and net assets/fund balances	19,061,591.	34	17,646,06

AMERICAN	ACADEMY	OF	FAMILY	PHYSICIANS	FDN

Form 99	90 (2018)			Pa	ge 12
Part					
	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		90,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		07,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		83,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,8		
5	Net unrealized gains (losses) on investments	5	-2,1	17,8	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	1	<u> </u>	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	53,4	121.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1 6 0	D D 1	- 4
	33, column (B))	10	16,8	73,1	74.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis 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	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent act			Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain 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 in			
	the Single Audit Act and OMB Circular A-133?		<u>.</u> 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	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)
(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A a community trust described in section 170(b)(1)(A)(X) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives: (1) more than 33r; 3% of its support from contributions, and (2) no more than 33r; 3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(4). An organization organization and operated exclusively to test for public safety. See section 509(a)(4). An organization organization aperated exclusively for the benefit (1) to perform the functions of, or to carry out the purpose, of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Complete Part IV, Sections A and B. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or management of the supporting organization operated in connection with its supported organization(s), the organization operated in connection with its supported organization(s) that is ort functionally integrated. A supporting organization operated in connection with its supported organization(s) that is ort functionally integrated. A supporting organization operated in connection with its supported organization(s) that is ort fu	Department of Internal Reven		I	Go to www.irs.go	/Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Carton Reason for Public Charity Status (AII organizations must complete this part). See instructions. bio organization is not a price for unduction because it is: (for lines of through 1, 2-dock only one box) A church, convention of churches, or association of churches, desoribed in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schodule E (Form 930 or 930-E2)) A neght of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital anne, cby, and state: S an organization operated for the benefit of a college or university owned or operated by a governmental unit described escribed in section 170(b)(1)(A)(i). (Complete Part II.) B A domaization that formally receives: substantial part of as support from a governmental unit or from the general public described in section 170(b)(1)(A)(i). (Complete Part II.) B A agricultural research organization described in section 170(b)(1)(A)(i). (Complete Part II.) B A agricultural research organization described in section 170(b)(1)(A)(i). (Complete Part II.) B A agricultural research organization described in section 170(b)(1)(A)(i). (Complete Part II.) C An organization that ormality receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions of 1 agric from agric and operated exclusively for the bonefit of to perform the functions, or any out the purpose of one or more publicly supported organization spacted values/uperfor the one s		-							
he organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A hospital convention of otherdes, or association of churches described in section 170(b)(1)(A)(i)). A hospital or a cooperative hospital asvecte organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital state, or icoal government of governmental unit described in section 170(b)(1)(A)(ii). A negatization operated for the benefit of a colege or university owned or operated by a governmental unit described section 170(b)(1)(A)(v). (Complete Part II.) A organization operated government or governmental unit described in section 170(b)(1)(A)(v). A an organization organization comparized on the section 170(b)(1)(A)(v). A on munity trust described in section 170(b)(1)(A)(v). (Complete Part II.) A onganization operated to the semptiture (see instructions). Enter the name, city, and state of the colege or university: A organization number trust described of a griculture (see instructions). Enter the name, city, and state of the colege or university: An organization number trusted to its sevent tructions - subject to certain exceptions, and (2) no more than 33/3 vol its support from contributions, membersith goes, and gross receiptifs from activities related to its sevent tructions - subject to certain exceptions, and (2) no more than 33/3 vol its support from contributions of or to carry ou the purpose of one or more publicly supported organization operated, subject to certain exceptions, and (2) no more than 33/3 vol its support from gross investion after June 30 (3) vol 30 (3) (2) no more than 33/3 vol its support from contributions, membersith goes, and gross receiptifs from activities related to its sevent to 500(4)(2). An organization organization operated, subjective to retain static states the section 500(4)(4) on more than 33/3 vol its support from contributions, ore the san									
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii). Cattach Schoule E (Form 900 or 900-E2)). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital asme, chy, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A hospital constraints on the substantial part of its support form a governmental unit of from the general public described in section 170(b)(1)(A)(V). 7 An organization that formally receives (1) more then 331; % of its support form contributions, with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 0 An organization that formally receives (1) more then 331; % of its support from contributions, methership kees, and grass explicit for granization organizated and operated exclusively to the bareflix of the public sets assigned to public sets to public sale (2) no more lism 333::::::::::::::::::::::::::::::::::				- · · ·	-			,	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2)). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). 6 A default state, or local government or governmental unit described in section 170(b)(1)(A)(i). 7 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). 8 A community trust described in section 170(b)(1)(A)(i). Complete Part II.) 9 An organization of regination described in section 170(b)(1)(A)(i). Complete Part II.) 9 An organization of regination described in section 170(b)(1)(A)(i). Complete Part II.) 9 An organization of regination described in section 170(b)(1)(A)(ii). Complete Part II.) 10 An organization of regination described in section 170(b)(1)(A)(ii). Complete Part II.) 11 An organization of regination described in section 170(b)(1)(A)(ii). Complete Part II.) 12 An organization organization actis th			•					,	
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f Enter the number of supported organizations	е 🗌 (Check this be	ox if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
g Provide the following information about the supported organization (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions) (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) A) A	f	functionally ir	ntegrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
(i) Name of supported organization (d) Name of supported organization above (see instructions) (ii) Is the organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (lescribed on lines 1-10 document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) A) Image: See instruction of the organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (described on lines 1-10 document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) A) Image: See instruction of the organization (described on lines 1-10 above (see instructions)) (vi) Amount of nother support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) B) Image: See instruction of the organization (t) Image: See instruction of the organization (t) (vi) Amount of nother support (see instructions) (vi) Amount of other support (see instructions) B) Image: See instruction of the organization (t) Image: See instruction of the organization				-					
Image: Control of the section of th	g Provic	de the followi	ng informatio		orted organization(s).				
above (see instructions)) document? instructions) instructions) A) Image: Set instruction of the set instruct	(i) Name	e of supported or	ganization	(ii) EIN					
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B) Image: Constraint of the second of th						Yes	No		
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Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,451,153.	3,029,925.	2,458,444.	2,681,391.	1,746,095.	14,367,008.
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	4,451,153.	3,029,925.	2,458,444.	2,681,391.	1,746,095.	14,367,008.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						4,911,631.
6	Public support. Subtract line 5 from line 4						9,455,377.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,451,153.	3,029,925.	2,458,444.	2,681,391.	1,746,095.	14,367,008.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,324,068.	1,437,016.	1,379,762.	1,402,418.	1,589,344.	7,132,608.
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						21,499,616.
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup		•				42 0.0 **
14	Public support percentage for 2018 (lin		•			14	43.98% 40.38%
15	Public support percentage from 2017						
16a	331/3% support test - 2018. If the org	-					
	box and stop here . The organization qu	•		•			
b	331/3% support test - 2017. If the org						
47-	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
h	organization						
D			-				
	15 is 10% or more, and if the organization						•
	Explain in Part VI how the organization				•	•	
18	supported organization Private foundation. If the organization						
10							
	instructions						· · · · · · · · · · · · · · · · · · ·

Page 3

Schedule A (Form 990 or 990-EZ) 2018

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

	tion A. Public Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>.</i> a	received from disgualified 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 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
U	line 6.)						
Sect	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6			()			()
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources						
D	```						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly		1				
	whether of not the busiless is requiant						
	carried on						
2							
2	carried on						
2	carried on						
	carried on						
	carried on						
13	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	or the organiza	tion's first, second	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
13	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	-			•		
13	carried on				•		
13 14 Sect	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here	port Percenta	ge				
13 14 Sect	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	p ort Percenta , column (f), divid	I ge led by line 13, colur	mn (f))	·····		
13 14 Sect 15 16	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8	port Percenta , column (f), divic edule A, Part III, lin	l ge led by line 13, colur ne 15	mn (f))	·····	. 15	▶
13 14 15 16 Sect	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Schere	port Percenta , column (f), divic edule A, Part III, lin t Income Perc	led by line 13, colur ne 15 centage	mn (f))		. 15	▶
3 4 5 6 6 5 6 7	carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (led by line 13, colur ne 15 centage (f), divided by line ²	mn (f)) 13, column (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16	····► □ % %
13 14 5ect 15 6ect 17 18	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (li	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part	led by line 13, colur ne 15 centage (f), divided by line 1 III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · ▶ □ % % %
13 14 5 6 6 6 6 6 6 6 7 17	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage from 2017	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n	led by line 13, colur ne 15 centage (f), divided by line 7 III, line 17 ot check the box	mn (f)) 13, column (f))	l line 15 is more	15 16 17 18 9 than 331/3%, a	▶
13 14 <u>Sec</u> : 16 Sec: 17 18 19 a	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto	led by line 13, columne 15 centage (f), divided by line 7 III, line 17 ot check the box p here. The orga	mn (f)) 13, column (f)) c on line 14, and anization qualifies	l line 15 is more as a publicly	15 16 17 18 18 than 331/3%, a supported organi	· · · · ▶ □ % % % and line zation . ▶ □
13 14 <u>Sec</u> : 15 <u>16</u> 17 18 19 a	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not	Ige led by line 13, columne 15 centage (f), divided by line 17 ot check the box p here. The orgatic check a box on 1	mn (f)) 13, column (f)) a on line 14, and anization qualifies ine 14 or line 19	I line 15 is more a as a publicly a, and line 16 is	15 16 17 18 e than 331/3%, a supported organia more than 331/3	▶ % % % % % % % % 3%, and
15 16 Sect 17 18 19 a	carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the organization 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the organization	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not this box and s	Ige led by line 13, columne 15 Centage (f), divided by line 17 III, line 17 ot check the box p here. The orgatic check a box on 1 top here. The orgatic	mn (f)) 13, column (f)) t on line 14, and anization qualifies line 14 or line 19 ganization qualifie	I line 15 is more as a publicly a, and line 16 is as as a publicly	15 16 17 18 e than 331/3 %, a supported organi more than 331/2 supported organi supported organi	> % <td< td=""></td<>

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 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 (as 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.*
 - **b** 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.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

-	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b		11b		
		11c		
	on B. Type I Supporting Organizations	110		
			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.			
Socti	on C. Type II Supporting Organizations	2		
Section	on c. Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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).	1		
Secti	on D. All Type III Supporting Organizations	I		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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		
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 activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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.	3b		
JSA	Schedule A (Form	990 or 9	990-EZ	Z) 2018

AMERICAN ACADEMY OF FAMILY PHYSIC Schedule A (Form 990 or 990-EZ) 2018	TANS	2DN 44-	-6013671 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations i	nust complete Sectio	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (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-functionally integrated Type III supporting organization (see instructions).

	V Type III Non-Functionally Integrated 509(a)(3) \$ ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes		Guilent leal			
2	Amounts paid to perform activity that directly furthers exen		ed				
-	organizations, in excess of income from activity	cu					
3	Administrative expenses paid to accomplish exempt purpo						
4		Lations					
5							
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 2018 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-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018			A (Form 990 or 990-EZ) 2			

Page **8**

Schedule A (Form 990 or 990-EZ) 2018

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 Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Organization type (check one):

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

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

8E1251 1.000

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year

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 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).

art I Contrib	outors (see instructions). Use duplicate cop	nes of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$127,024.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$84,881.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$53,195.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

art I Contr	ibutors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$60,133.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA 8E1253 1.000 Name of organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Part III	<i>Exclusively</i> religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizatio contributions of \$1,000 or less for the	ne year from any one co ns completing Part III, en year. (Enter this informat	ontributor. Cor ter the total of	nplete columns (a) through (e) and exclusively religious, charitable, etc.,				
(a) No. from	Use duplicate copies of Part III if additio	•		/				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			-					
			-					
		(e) Transfer of gift	:					
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			-					
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
		[
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			-					
			-					
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			-					
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
	1			chedule B (Form 990, 990-EZ, or 990-PF) (2018				
JSA								

(Foi	IEDULE D rm 990) rtment of the Treasury nal Revenue Service	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. ► Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047 2018 Open to Public Inspection			
Name	e of the organization				Em	ployer identification number		
		OF FAMILY PHYSICIANS				44-6013671		
Pa		tions Maintaining Donor Adv			Acco	ounts.		
	Complete	e if the organization answered						
			(a) Donor advise	ed funds		(b) Funds and other accounts		
1		nd of year						
2		of contributions to (during year)						
3 4		of grants from (during year)						
5		ion inform all donors and donor	advisors in writing that	t the assets held	in do	nor advised		
•	-	inization's property, subject to the						
6	-	on inform all grantees, donors, a	-	-				
	•	purposes and not for the bene		• •				
		issible private benefit?				Yes No		
Ра		tion Easements.						
		e if the organization answered						
1		servation easements held by the	- · ·					
		n of land for public use (e.g., rec	reation or education)			historically important land area		
		of natural habitat	L	Preservation (лас	ertified historic structure		
2		n of open space I through 2d if the organization he	ald a qualified conserva-	tion contribution in	tho f	orm of a conservation		
2		ast day of the tax year.	elu a qualifieu conserva			Held at the End of the Tax Year		
а		onservation easements			2a			
b		tricted by conservation easements			2b			
c		vation easements on a certified			2c			
d		rvation easements included in (c						
		isted in the National Register			2d			
3	Number of conser	rvation easements modified, trar	sferred, released, exting	guished, or termina	ated	by the organization during the		
	tax year 🕨							
4		where property subject to conse						
5	-	ation have a written policy reg						
_		orcement of the conservation ea						
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations	s, and enforcing cons	servat	ion easements during the year		
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
7	► \$		ling, nanuling of violation	is, and enforcing co	nser	valion easements during the year		
8		vation easement reported on line 2	2(d) above satisfy the rec	uirements of section	on 17	0(h)(4)(B)(i)		
•)(4)(B)(ii)?						
9		be how the organization reports						
		d include, if applicable, the text c		anization's financi	al sta	tements that describes the		
		counting for conservation easeme						
Pa		tions Maintaining Collections e if the organization answered			Sim	illar Assets.		
1a	If the organization works of art, hist public service, pro	n elected, as permitted under SF corical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), no ar assets held for publ potnote to its financial st	t to report in its r ic exhibition, educ atements that des	even catior cribes	ue statement and balance sheet n, or research in furtherance of s these items.		
b	works of art, hist	n elected, as permitted under s orical treasures, or other simila vide the following amounts relati	ar assets held for publ	to report in its re ic exhibition, educ	evenu catior	e statement and balance sheet n, or research in furtherance of		
						▶\$		
	(ii) Assets include	d in Form 990, Part X				▶\$		
2	•					s for financial gain, provide the		
		s required to be reported under S						
a h		on Form 990, Part VIII, line 1.						
b For F		Form 990, Part X		<u></u>		••••• ► 5 Schedule D (Form 990) 2018		

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AMERICAN ACADEMY OF FAMILY PHYSICIANS FON

44-6013671

Schor	AME dule D (Form 990) 2018	RICAN ACADEMI	OF FAMILI PH	ISICIANS	FDN	44-	00130/1	Page 2
	rt III Organizations Maintaini	na Collections of	Art Historical Tr	22511705 0	r Other	Similar Assot	s (continue	
3	Using the organization's acquisition	-					•	,
3	collection items (check all that app					ing that are a	Significant u	
а	Public exhibition	·y).	d Loan	or exchange	e prograr	ns		
b	Scholarly research		e Other	•	o prograi			
c	Preservation for future gene	rations						
4	Provide a description of the organ		and explain how	they furthe	r the or	nanization's eve	ampt purpos	a in Part
-	XIII.			they further		ganization's exe	mpt puipos	
5	During the year, did the organization	on solicit or receive d	lonations of art his	orical trace		othor similar		
3	assets to be sold to raise funds rath						Yes	No
Da	rt IV Escrow and Custodial A			organization				
Ιa	Complete if the organiza		s" on Form 990	Part IV line	9 or re	eported an am	ount on Fo	rm
	990, Part X, line 21.			are re, inte	, 0, 1,			
1a	Is the organization an agent, truste	e custodian or othe	er intermediary for	contributions	s or othe	r assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comr	lete the following ta	ble:				
			foto the following to			Amc	unt	
с	Beginning balance			1c				
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am	ount on Form 990. I	Part X, line 21, for	escrow or c	ustodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i					-		
-	rt V Endowment Funds.			<u> </u>		•••••••••••••••••••••••••••••••••••••••	<u></u>	<u> </u>
	Complete if the organiza	ation answered "Ye	s" on Form 990,	Part IV, line	e 10.			
	1 5	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years ba	ack (e) Four	years back
10	Reginning of year balance	13,566,013.	12,360,158.	12,383	8,863.	13,438,24		546,039.
1a ⊾	Beginning of year balance	158,273.	250,279.		,099.	145,33		310,224.
b	Contributions				,	-,		
С	Net investment earnings, gains,	-703,571.	1,910,426.	785	5,636.	95,30	7. 5	587,512.
ام	and losses	18,917.	414,700.		,125.	800,60		
	Grants or scholarships	- ,	,		,	,		
е	Other expenditures for facilities	459,110.	463,481.	455	5,666.	412,27	6.	20,635.
4	and programs	77,748.	76,669.		5,649.	82,14		84,898.
	End of year balance	12,464,940.	13,566,013.			12,383,86		38,242.
g								
∠ a	Provide the estimated percentage Board designated or quasi-endown	nent ► 76.1496	%	, column (a)) Helu as	•		
b	Permanent endowment 18.8		_/0					
c	Temporarily restricted endowment							
•	The percentages on lines 2a, 2b, a		100%					
3a	Are there endowment funds not in			are held ar	nd admir	istered for the		
	organization by:						ا	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the relate							
4	Describe in Part XIII the intended	0						
Ра	rt VI Land, Buildings, and Equ	Jipment.						
	Complete if the organiz				1			
	Description of property	(a) Cost or (invest		or other basis other)		cumulated eciation	(d) Book val	ue
1a	Land		, ,					
b	Buildings							
с	Leasehold improvements							
d	Equipment			356,276.	3	12,312.	4	13,964.
е	Other							
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal Forn	n 990, Part X, colur	n (B), line 1	0c.)		4	13,964.
						Sc	chedule D (For	m 990) 2018

JSA 8E1269 1.000 7818HC K922 10/23/2019 10:05:12 PM V 18-7.1F 1140167

Schedule D (Form 990) 2018 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INVESTMENT IN AFFILIATE 1,651,076. COST (B) (C) (D) (E) (F) (G) (H) 1,651,076 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. Part VIII Complete if the organization answered "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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY TO LIFE BENEFICIARY 182,136. (3) (4)(5) (6)(7)

 (9)
 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 182,136.

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 JSA 8E1270 1.000 Schedule D (Form 99)

(8)

Schedu	le D (Form 990) 2018		Page 4		
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	4,529,895.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e	1,627,144.		
3	Subtract line 2e from line 1	3	2,902,751.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 87,082.				
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	4c	1,288,082.		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,190,833.		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.			
1	Total expenses and losses per audited financial statements	1	5,510,585.		
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	2,390,556.		
3	Subtract line 2e from line 1	3	3,120,029.		
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 87,082.				
b	Other (Describe in Part XIII.) 4b				
	Add lines 4a and 4b	4c	87,082.		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	3,207,111.		
	XIII Supplemental Information.				
Provid	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line				

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2018

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Part XIII Supplemental Information (continued)

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 \$ 3,744,977

SCHEDULE D, PART XI, LINE 4B DIVIDEND RECEIVED FROM RELATED ORGANIZATION \$ 1,201,000

SCHEDULE D, PART XII, LINE 2D RELATED ORGANIZATION EXPENSE \$ 2,390,556

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2018
Department of the Treasury	b -			or Form 990			Open to Public
Internal Revenue Service	G	o to www.irs.gov/Forms	990 for instr	uctions and	the latest instructions.		Inspection
Name of the organization AMERICAN ACADEMY	V OF FAMILY DU	VOTOTANO FON				Employer identificati 44-6013671	on number
	ing Activities. Com		nization a	answered	"Yes" on Form		17
	D-EZ filers are not					556, i artiv, inc	
	the organization rais				activities. Check a	all that apply.	
a Mail solicita	tions	е	Solic	itation of I	non-government g	Irants	
b Internet and	email solicitations	f			government grants	S	
c Phone solici		g		cial fundra	ising events		
d lin-person so				P. S. L. S. L. C.			
2a Did the organiza	tion have a written of						Yes No
	10 highest paid indiv	· ·		•		•	
compensated at	least \$5,000 by the	organization.		, .	-		
			1				1
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tatal				•			
Total 3 List all states in registration or lic	which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	l it is exempt from
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 7818HC K922 10/23/2019 10:05:12 PM V 18-7.1F 1140167 Schedule G (Form 990 or 990-EZ) 2018

PAGE 34

Schedule G (Form 990 or 990-EZ) 2018

Schedule G	Schedule G (Form 990 or 990-EZ) 2018 Page 2					
Part II 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. Lis events with gross receipts greater than \$5,000.						
e		(a) Event #1 VIP BENEFIT (event type)	(b) Event #2 MINI AUCTION (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))	

Reven	1	Gross receipts	58,800.	25,423.	11,625.	95,848.
Re		Less: Contributions Gross income (line 1 minus line 2)	29,400.	12,238.	9,466.	51,104.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes		13,185.	2,159.	15,344.
	6	Rent/facility costs	25,500.			25,500.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	25.			25.
		Direct expense summary. Add lin Net income summary. Subtract lin			>	40,869.

Part III	Gaming. Complete if the organization answere \$15,000 on Form 990-EZ, line 6a.	d "Yes" on Form 990	, Part IV, line 19, or	reported more than
	\$15,000 OH FOHH 990-EZ, IIIIE 0a.			

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes % └── No	Yes%	Yes%	
7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
8 Net gaming income summary. Su	btract line 7 from line	1, column (d)		
Enter the state(s) in which the orga	anization conducts ga	ming activities:		
Is the organization licensed to con- If "No," explain:	duct gaming activities	in each of these state	es?	YesNo
	 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su Enter the state(s) in which the organisation licensed to conditioned to cond	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in colure 8 Net gaming income summary. Subtract line 7 from line Enter the state(s) in which the organization conducts gal is the organization licensed to conduct gaming activities	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities:	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:] [
a			%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		/0
14	records:		
	Name ►		
	Address ►		
15 0	Does the organization have a contract with a third party from whom the organization receives gaming		
15 a		Yes	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
D	If Yes, enter the amount of gaming revenue received by the organization \blacktriangleright $\$$		
-	amount of gaming revenue retained by the third party \blacktriangleright \$		
C	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
10	Gaming manager mormation.		
	Name 🕨		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatony distributions:		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
ь	retain the state gaming license?		
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
Der	or spent in the organization's own exempt activities during the tax year s	000	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informa (see instructions).		

(Form 990) GC	vernme	nts, and Ir	Assistance t Idividuals in wered "Yes" on F	n the Unite	d States		omb no. 1545-0047
Department of the Treasury		► At	tach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identificat	on number
AMERICAN ACADEMY OF FAMILY PHYSIC	IANS FDN					44-601367	<u>'1</u>
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the		-					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEART TO HEART INTERNATIONAL							
401 S. CLAIRBORNE, SUITE 300	48-1108359	501(C)(3)	10,221.				DISASTER RELIEF
(2) INTERNATIONAL MEDICAL CORPS							
1919 SANTA MONICA BLVD	95-3949646	501(C)(3)	10,221.				INTL DISASTER RELIEF
(3) KANSAS AFP FOUNDATION							EXTERNSHIPS, FMPC
7570 W 21ST N, BLDG 1046 C	68-0962251	501(C)(3)	12,500.				GRANTS
(4) THE CURATORS OF THE UNIV OF MISSOURI							
OFFICE OF SPONSORED PROGRAMS ADMINISTRATION	43-6003859	GOVT/EDUC INST	10,000.				FAMILY MEDICINE CARE
(5) DULUTH GRADUATE MED ED COUNCIL, INC.							
330 N 8TH AVE E DULUTH, MN 55805	23-7456795	501(C)(3)	11,500.				FAMILY MEDICINE CARE
(6) TRUSTEES OF COLUMBIA UNIVERSITY							
630 W 168TH ST, BOX 49	13-5598093	501(C)(3)	9,998.				FAMILY MEDICINE CARE
(7) CLINICA TEPATI							
MED SCHI 1C-144 UC DAVIS DAVIS, CA 95616	94-2324682	501(C)(3)	9,983.				FAMILY MEDICINE CARE
(8) INDIAN AMERICAN MEDICAL ASSOCIATION CHARITA							
2645 W PETERSON AVE CHICAGO, IL 60659	36-3910201	501(C)(3)	9,133.				FAMILY MEDICINE CARE
(9) HEALTHCARE FOR THE HOMELESS-HOUSTON	_						
1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)	9,055.				FAMILY MEDICINE CARE
(10) VANDERBILT UNIVERSITY MEDICAL CENTER - SHAD	_						
3322 W END AVE, SUITE 900	35-2528741	501(C)(3)	7,667.				FAMILY MEDICINE CARE
(11) VIMDOS CLINIC, DBA DEARBORN CLINIC	_						
PO BOX 3429 LAWRENCEBURG, IN 47025	82-2231722	501(C)(3)	7,649.				FAMILY MEDICINE CARE
(12) ADVENTHEALTH FOUNDATION CENTRAL FLORDIA	4						
550 E. ROLLINS STREET, 6TH FLOOR	59-2219301	501(C)(3)	7,010.	l			FAMILY MEDICINE CARE
2 Enter total number of section 501(c)(3) and	-	-				· · · · · · · · · • •	
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>	<u></u>	

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

Schedule I (Form 990) (2018)

SCHEDULE I (Form 990)				Assistance t Idividuals in			-	омв no. 1545-0047 20 18
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection
Name of the organization							Employer identificat	ion number
AMERICAN ACADEN	MY OF FAMILY PHYSIC	IANS FDN					44-601367	71
Part I General I	nformation on Grants an	d Assistanc	е					
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
-	teria used to award the grant			-	-			X Yes No
	IV the organization's proce							
	nd Other Assistance to D					nlete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient the		-					es on ronn 330,
Fall IV, II	ne 21, for any recipient u							
	d address of organization 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) DETROIT HEALTH DE	EPARTMENT							
3245 EAST JEFFERS	SON, STE 100	38-6004606	GOVT/EDUC INST	6,500.				FAMILY MEDICINE CARE
(2) FAMILY HEALTH MIN	VISTRIES							
PO BOX 16783 CHAP	PEL HILL, NC 27516	56-2206165	501(C)(3)	29,707.				INTL DISASTER RELIEF
(3) AMERICAN ACADEMY	OF FAMILY PHYSICIANS							
11400 TOMAHAWK CF	REEK PARKWAY	44-0536051	501(C)(3)	510,433.				VAR PROGRAM SUPPORT
(4)								
_(5)		_						
(6)		_						
_(7)		_						
_(8)		-						
(0)								
(9)		-						
(4.0)								
(10)		-						
(11)								
(11)		-						
(12)								
\' ~ /		1						
	per of section 501(c)(3) and	•	•					15.
3 Enter total numb	per of other organizations lis	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u>	
	on Act Notice, see the Instruct							nedule I (Form 990) (2018)

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
	2	2 010			
CHFM FELLOWSHIP	2.	2,018.			
2 DISASTER ASSISTANCE	2.	4,000.			
3 DPC SUMMIT	2.	1,000.			
4 WORLD HEALTH ORGANIZATION CONFERENCE	1.	2,000.			
5 FAMILY MEDICINE LEADS	257.	176,400.			
6					
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 I, LINE 2

THE FOUNDATION ADMINISTERS SEVERAL GRANT AND AWARD PROGRAMS TO ACHIEVE

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

SLIGHTLY AS FOLLOWS:

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

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

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

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

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
3					
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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.

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
1					
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7 Part IV Supplemental Information Provide					

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

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
2					
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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.

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.

HIGHLIGHT ON VACCINATIONS 4 TEENS (HOV4T) - IS A CHAPTER AWARD PROGRAM TO

PROVIDE A ONE-TIME GRANT TO 15 CHAPTERS TO HOST A NON-CME PANEL EVENT

ADDRESSING UNDER-VACCINATION IN ADOLESCENTS, AND PROVIDE HOV4T RESOURCE

LIBRARY MATERIALS TO THEIR MEMBERS. APPLICATIONS ARE APPROVED BY 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
1					
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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.

FAMILY MEDICINE PHILANTHROPIC COMMITTEE CONVENER WHO IS A MEMBER OF THE

AAFP FOUNDATION BOARD OF TRUSTEES. RECIPIENTS RECEIVE 80% OF THE GRANT

FUNDS FOLLOWING APPROVAL OF THE APPLICATION AND THE REMAINING 20%

FOLLOWING SUBMISSION OF REQUIRED REPORTING AND END OF PROJECT SURVEY.

FAMILY MEDICINE PHILANTHROPIC CONSORTIUM (FMPC) GRANT AWARDS - PROVIDE

FOR GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS.

APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMPC REVIEW COMMITTEE WHICH

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

AND SCORED BY FOUR REVIEWERS, WITH AT LEAST ONE PHYSICIAN REVIEWER. ONCE

Schedule I (Form 990) (2018)

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
2					
3					
4					
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6					
7					

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

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

FOUNDATION.

JSA 8E1504 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
,					

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

BOARD OF TRUSTEES. ONCE APPROVED, FOUNDATION'S PROGRAM ADMINISTRATOR

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.

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

IS HELPING TO ESTABLISH NEW AND EXISTING FREE CLINICS TO CARE FOR 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) Trae of error or experimentation of the product of the pr

(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					
rt IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, o	column (b); and any o	ther additional
INSURED IN AREAS OF NEED ACROSS T	THE U.S. GRANTS	5 ARE PROVID	ED TO NEW		
INICS FOR THE PURCHASE OF TANGIBI	LE ITEMS-SUCH A	AS EXAM TABL	ES, EHR		
STEMS AND MEDICAL EQUIPMENT-NEED	ED TO OPEN THE	IR DOORS. FA	MILY MEDICIN	1E	
RES ALSO GIVES AAFP MEMBERS, RESI	IDENTS AND STU	DENTS THE OP	PORTUNITY TO	D	
JUNTEER THEIR TIME AND TALENTS. (GRANT AWARDS AN	RE FOR AS MU	CH AS		
5,000. GRANTS ARE APPLIED FOR TWO	D TIMES A YEAR	(MARCH AND	SEPTEMBER).		
E PROPOSALS ARE REVIEWED AND GRAM	NTS AWARDED BY	THE FAMILY	MEDICINE		
RES USA WORK GROUP. THE SELECTION	IS ARE THEN SEI	NT TO THE BO	ARD OF		
USTEES FOR FINAL APPROVAL. FUNDS	ARE DISTRIBUT	ED ON A 80%-	20% BASIS.		
ה דאודיידאו. 20% דק הדקיידדופוויידיה ווססי	ז סדרדזסיי היי	IF FOFF CIIN			

Schedule I (Form 990) (2018)

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.

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

SERVICES ALREADY OFFERED. THE PROPOSALS ARE REVIEWED AND THE SLATE OF ONE

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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 Image: Complete if the organization and tectindetection and the organization and the organiz

_						
7						
Part IV	Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, o	column (b); and any o	other additional

information.

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

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

Page 2

44-6013671

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					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

information.

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

INSTALLMENTS BEGINNING AFTER RECEIPT OF THIS INFORMATION AND AS REPORTING

REQUIREMENTS ARE MET.

Page 2

SCH	EDULE J	Compensat	ion Information	0	MB No. '	1545-0	047
(For	n 990)	For certain Officers, Directors,	Trustees, Key Employees, and Highest		എത	10	
			sated Employees swered "Yes" on Form 990, Part IV, line 2	2	20	10	
Departr	nent of the Treasury	► Attacl	h to Form 990.	0)pen to		
Internal	Revenue Service	Go to www.irs.gov/Form990 for	r instructions and the latest information.		Inspe		n
	of the organization			Employer identification		r	
-		EMY OF FAMILY PHYSICIANS FDN		44-6013671			
Part	Question	s Regarding Compensation				v	
10	Check the ap	propriate box(es) if the organization provided	hany of the following to or for a pore	on listed on Form		Yes	No
Ia		Section A, line 1a. Complete Part III to provide					
		ss or charter travel					
		or companions	Housing allowance or residence for Payments for business use of person	•			
		mnification and gross-up payments	Health or social club dues or initiatic				
		onary spending account	Personal services (such as maid, cha				
			•	· · ·			
b	If any of the	boxes on line 1a are checked, did the org ment or provision of all of the expense	ganization follow a written policy re	garding payment			
	explain		es described above: It No, com	piete Fait III to	1b		
2	Did the orga	anization require substantiation prior to	reimbursing or allowing expenses	incurred by all			
	directors, trus	tees, and officers, including the CEO/Exec	cutive Director, regarding the items	checked on line			
	1a?				2		
3	Indicate which	n, if any, of the following the filing organization	on used to establish the compensation	on of the			
		CEO/Executive Director. Check all that app zation to establish compensation of the CEO					
	Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	0 of other organizations	Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, Part or a related organization:	VII, Section A, line 1a, with respect to	the filing			
а		verance payment or change-of-control payme	nt?		4a	Х	
b	Participate in,	or receive payment from, a supplemental n	nonqualified retirement plan?		4b	Х	
С		or receive payment from, an equity-based c			4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and provide	e the applicable amounts for each it	em in Part III.			
_	-	501(c)(3), 501(c)(4), and 501(c)(29) organiz	-				
5	•	sted on Form 990, Part VII, Section A, line	1a, did the organization pay or accrue	any			
_		contingent on the revenues of:			E.		X
a b	-	on?			5a 5b		X
U	•	e 5a or 5b, describe in Part III.			30		
6		sted on Form 990, Part VII, Section A, line	1a, did the organization pay or accrue	anv			
v		i contingent on the net earnings of:	, sie ine engemeenen pay of aborat				
а		on?			6a		Х
b	-	ganization?			6b		Х
	-	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Section A,	line 1a, did the organization prov	ide any nonfixed			
	payments not	described on lines 5 and 6? If "Yes," describ	be in Part III.		7		X
8		ounts reported on Form 990, Part VII, paid o					
		contract exception described in Regul					
					8		X
9		ine 8, did the organization also follow t					
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2018

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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CRAIG M. DOANE	(i)	0.	0.	0.	0.	0.	0.	
1EXEC. DIR.\RESIGNED-FEB 2018	(ii)	38,952.	0.	161,199.	7,378.	5,253.	212,782.	693.
DOUGLAS HENLEY, MD	(i)	0.	0.	0.	0.	0.	0.	
2 BOARD MEMBER\EX-OFFICIO	(ii)	682,555.	75,000.	45,819.	89,058.	24,380.	916,812.	35,405.
BRENDA GASTON	(i)	0.	0.	0.	0.	0.	0.	
ASSISTANT CONTROLLER	(ii)	97,949.	10,000.	183.	28,196.	30,038.	166,366.	
PHYLLIS NARAGON	(i)	0.	0.	0.	0.	0.	0.	
DIRECTOR FOUNDATION PROGRAMS	(ii)	109,766.	10,000.	2,751.	30,963.	11,853.	165,333.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III 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 4A

CRAIG DOANE \$ 136,638

BRENDA CHERPITEL \$ 34,638

SCHEDULE J, PART I, LINE 4B

	RI	EPORTABLE	DI	EFERRED
CRAIG DOANE	\$	693	\$	0
DOUGLAS HENLY	\$	35,405	\$	37,558

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

Part III 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.

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS' SUPPLEMENTAL RETIREMENT PLAN

IS A NON-QUALIFIED PLAN FOR THOSE WHO EXCEED THE IRS MAXIMUM RETIREMENT

COMPENSATION. THE INTENT IS TO MATCH THE RETIREMENT CONTRIBUTIONS HAD THE

MAXIMUMS NOT BEEN IN PLACE.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection	
Name of the organization		Employer identification number	
AMERICAN ACADEMY (OF FAMILY PHYSICIANS FDN	44-6013671	

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 2018, AWARDS AND GRANTS IMPACTED 32 STATE AFP CHAPTERS, 127 ORGANIZATIONS, NEARLY 1,600 RESIDENTS, RESEARCH FELLOWS, FAMILY MEDICINE RESEARCHERS AND MEDICAL STUDENTS, 281 HEALTH PROFESSIONALS, AND 40 STATE AFP CHAPTER EXECUTIVES.

WWW.AAFPFOUNDATION.ORG

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FORM 990, PART III, LINE 4B
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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 2018, 243 SCHOLARSHIPS WERE PROVIDED FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO ATTEND NATIONAL CONFERENCE, WITH THE GOAL OF

Schedule O (Form 990 or 990-EZ) 2018	Pa
Name of the organization	Employer identification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	44-6013671

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 MEDICAL 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. FMC PROGRAMS BOTH OFFER OPPORTUNITIES FOR PHYSICIANS, RESIDENTS, AND MEDICAL STUDENTS TO VOLUNTEER OR PARTICIPATE IN HUMANITARIAN PROJECTS.

SINCE 2011, FMC USA HAS GRANTED A TOTAL OF \$490,828 TO 47 FREE CLINICS (NINE IN 2018) REPORTING A VALUE OF MORE THAN \$53 MILLION IN SERVICES DURING APPROXIMATELY 268,000 PATIENT VISITS. IN 2018 CLINICS REPORTED 1988 VOLUNTEERS AND 20,384 VOLUNTEER HOURS BY FAMILY MEDICINE (STUDENTS, RESIDENTS, ACTIVE AND RETIRED FAMILY PHYSICIANS).

JSA

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IN 2018 THE FMC USA RESIDENT SERVICE AWARD PROGRAM SUPPORTED TWO PROJECTS: 1) THE LARC INITIATIVE: A COLLABORATION WITH THE DETROIT HEALTH DEPARTMENT AND 2) FINDING RESPITE FOR DULUTH'S HOMELESS.

DURING 2018, FMCI IMPACTED OVER 320+ CHILDREN BY PROVIDING WELL-CHILD EXAMS TO EACH CHILD IN THE SCHOOL/ORPHANGE AND APPROXIMATELY 800 OTHER INDIVIDUALS RECEIVED CARE IN FREE COMMUNITY CLINICS. FURTHERMORE, MORE THAN 35 YOUTH WHO RECEIVED PRESCRIPTIONS DURING THE WELL-CHILD EXAMS RETURNED TO THE CLOSEST CLINIC TO RECEIVE FREE MEDICATION AND/OR ADDITIONAL CARE DURING THE WEEK OF THE DELEGATION TRIP.

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

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 THE 8 ORGANIZATIONS WHICH COMPRISE THE "FAMILY" OF FAMILY MEDICINE.

DURING 2018, THE CENTER HANDLED A TOTAL OF 1,093 ENGAGEMENTS, WHICH INVOLVED GIVING TOURS AND PRESENTATIONS, HANDLING LOANS, EXHIBITS, ANNIVERSARIES, MEETINGS AND CONFERENCES, AS WELL AS RESPONDING TO

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REFERENCE REQUESTS FROM ORGANIZATIONS, UNIVERSITIES, RESIDENCY PROGRAMS AND INDIVIDUALS, INCLUDING PRACTICING AND RETIRED PHYSICIANS, STUDENTS, RESIDENTS AND PRIVATE RESEARCHERS. THIS REPRESENTS A 68.7% INCREASE FROM THE PREVIOUS YEAR, AND THE MOST ENGAGEMENTS EVER SINCE RECORDS HAVE BEEN KEPT ON THE CENTER BEGINNING IN 1993. CHFM VOLUNTEERS ALSO CONTRIBUTED A TOTAL OF 157 HOURS VOLUNTEERING FOR THE CENTER, VALUED AT \$3,876.33. (VALUATION BASED ON A RATE \$24.69 PER HOUR, ACCORDING TO THE NATIONAL NONPROFIT INDEPENDENT SECTOR.)

THE CHFM ALSO SPONSORS THE SANDRA L. PANTHER 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://AAFPFOUNDATION.ORG/FOUNDATION/CHFM.HTML

FORM 990, PART VI, SECTION A, LINE 2 P. BRENT SMITH, DOUGLAS A SPOTTS, JULIE K ANDERSON, JOHN BENDER, ADA STEWART, WINDEL STRACENER, REBECCA JAFFE, DOUGLAS HENLEY, JAY-SHEREE ALLEN, KRISTINA LAGUERRE, HEATHER PALMER, CRAIG DOANE, PHYLLIS NARAGON, BRENDA CHERPITEL AND BRENDA GASTON HAVE BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION A, LINE 4 THE BY-LAWS WERE AMENDED TO:

- COMBINE THE AT-LARGE TRUSTEE CLASS AND CHAPTER TRUSTEE CLASS, FORMING THE PHYSICAN TRUSTEE CLASS.

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Schedule O (Form 990 or 990-EZ) 2018					
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- CLARIFY THE PROCESS SURROUNDING FILLING SEATS THAT ARE VACATED BY TRUSTEES OFF-CYCLE.

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. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE, IF NECESSARY. A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PROVIDING A COPY OF THE POLICY TO ALL BOARD TRUSTEES, OFFICERS, MEMBER REPRESENTATIVES AND EMPLOYEES. THE ABOVE INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT STATEMENT AND THE ANNUAL DISCLOSURE INFORMATION FORM. IF

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Schedule O (Form 990 or 990-EZ) 2018					
Name of the organization	Employer identification number				
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	44-6013671				

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

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.

FORM 990, PART VI, SECTION C, LINE 19

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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	
DIVIDEND FROM SUBSIDIARY	\$(1,2001,000)
EQUITY IN SUBSIDIARY EARNINGS	\$ 1,354,451
TOTAL OTHER CHANGES IN NET ASSETS	\$ 154,421
	=========
FORM 990, PART XII, LINE 2C	
FINANCE COMMITTEE ABSORBED ROLES OF DISSOLVED AUD	DIT COMMITTEE.
FORM 990, PART VI, LINE 17 - STATES	ATTACIMENT T
AL, AK, AZ, AR, CA, CO, CT,	
DC, FL, GA, IL, IN, 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
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	PAID IND. CONTRACTORS
NAME AND ADDRESS	DESCRIPTION OF SERVICES COMPENSATION
AMERICAN ACADEMY OF FAMILY PHYS.	ADMIN AND MANAGEMENT 1,674,461.
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	
	ATTACHMENT 3

JSA

Schedule O (Form 990 or 990-EZ) 2018

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Name of the organization

Schedule O (Form 990 or 990-EZ) 2018

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Employer identification number

44-6013671

Schedule O (Form 990 or 990-EZ) 2018				Page 2
Name of the organization			Employer identific	ation number
AMERICAN ACADEMY OF FAMILY PHYSICIANS	5 FDN		44-60130	671
			ATTACHMENT	3 (CONT'D)
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTED SERVICES - ASA	1,182,585.	621,480.	252,830.	308,275.
OTHER FEES FOR SERVICES	330,897.	173,698.	65,375.	91,824.
TOTALS	1,513,482.	795,178.	318,205.	400,099.

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SCHEDU	JLE R
(Form 9	90)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.



44-6013671

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS 44-0536051							
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501(C)(6)	N/A	N/A		Х
(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) 2018

JSA

Schedule R (Form 990) 2018

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.

	inere related erg				e 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	Share of total income Share of end-of- year assets all		h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) AAFP POOLED INV FD 43-1695097												
11400 TOMAHAWK CREEK PARKWAY L	ASSET MANAGEMENT	MO	AAFP	EXCLUDED	101,345.	1,305,132.		x			x	1.2390
(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	
									Yes No
(1) AAFP INSURANCE SERVICES	43-1226253								
11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211		INSURANCE ADMIN	KS	AAFP FDN	C CORP	3,744,567.	4,962,465.	100.0000	x
(2) CHARITABLE REMAINDER TRUSTS (2)									
		CHARITABLE TRUST	KS	N/A					x
(3)		_							
(4)		-							
(5)		-							
(6)		-							
(7)		_							

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Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.				
Note	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 list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		X
						x	
f	Dividends from related organization(s)				1f	~	X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)			• • • • • •	1h 1i		X
	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s).				יי		
Ŀ	Lagas of facilities, equipment, or other exacts from related ergenization(a)				1k		Х
	Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	х	
	Sharing of paid employees with related organization(s)				10	Х	
Ŭ							
α	Reimbursement paid to related organization(s) for expenses.				1p	Х	
-	Reimbursement paid by related organization(s) for expenses			Г	1q	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).	<u></u>			1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ed relationships and transa	action thres	holds	S.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) f dete	rminin	ıg
		type (a-s)		amour	nt invo	lved	
(1)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	127,024.	CASH			
		F	1 201 000	CASH			
(2)	AAFP INSURANCE SERVICES	F	1,201,000.	CASH			
(2)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	P	1,674,461.	CASH			
(3)	AMERICAN ACADEMI OF FAMILII FIIISICIANS	F	1,0/1,101.	CABII			
(4)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	В	510,433.	CASH			
<u></u>							
(5)							
(6)							
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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.

1	(state or foreign income (r country) unrelated, e from tax		nrelated, excluded 501(c)(3) from tax under organizations?		total income	(f) (g) share of Share of al income end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
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 Part VII
 Supplemental Information

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