

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN
PUBLIC DISCLOSURE
FORM 990
TAX YEAR 2020

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

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

▶ Go to www.irs.gov/Form8879EO for the latest information.**2020**Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Taxpayer identification number

44-6013671

Name and title of officer or person subject to tax

HEATHER PALMER, EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	6,016,768.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 8 8 3 2 2 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Heather Palmer

SIGN HERE

Date ▶ 11-2-21**Part III Certification and Authentication**

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

4 3 3 7 2 2 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

*April S. Arnold*Date ▶ 11/2/2021**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection****A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Doing Business As

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

11400 TOMAHAWK CREEK PKWY

Room/suite

440

City or town, state or province, country, and ZIP or foreign postal code

LEAWOOD, KS 66211

F Name and address of principal officer:

HEATHER PALMER

11400 TOMAHAWK CREEK PKWY #440, LEAWOOD, KS 66211

D Employer identification number

44-6013671

E Telephone number

(913) 906-6000

G Gross receipts \$ 7,321,666.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.AAFPFOUNDATION.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1958 **M** State of legal domicile: KS**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AAFP FOUNDATION ADVANCES THE VALUES OF FAMILY MEDICINE BY PROMOTING HUMANITARIAN, EDUCATIONAL AND SCIENTIFIC INITIATIVES THAT IMPROVE THE HEALTH OF ALL PEOPLE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	123.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,322,183.	Current Year 4,239,743.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,922,279.	1,777,025.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,600.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,238,862.	6,016,768.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,595,108.	2,934,150.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,425.	13,125.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 797,236.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,313,100.	2,122,872.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,939,633.	5,070,147.
	19 Revenue less expenses. Subtract line 18 from line 12	2,299,229.	946,621.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,616,552.	End of Year 22,073,165.
	21 Total liabilities (Part X, line 26)	1,493,359.	834,385.
	22 Net assets or fund balances. Subtract line 21 from line 20.	19,123,193.	21,238,780.

Part II Signature Block

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

Sign Here

Signature of officer

Date



Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

APRIL ARNOLD CPA

Preparer's signature

Date

11/02/2021

Check ☐ if self-employed

PTIN

P01559426

Firm's name ▶ BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

Phone no. 816-221-6300

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,936,208. including grants of \$ 1,644,599.) (Revenue \$ 0.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 230,269. including grants of \$ 117,540.) (Revenue \$ 0.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,246,973. including grants of \$ 1,092,220.) (Revenue \$ 0.)
SEE SCHEDULE O

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

(Expenses \$ 381,237. including grants of \$ 79,791.) (Revenue \$ 0.)

4e Total program service expenses ▶ 3,794,687.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h 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 sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	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 on Schedule O.	1a 21	
b Enter the number of voting members included on line 1a, above, who are independent.	1b 20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6 X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

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

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

19 Describe on 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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO\RESIGN	1.00 39.00	X						0.	788,074.	44,045.
(2) R SHAWN MARTIN BOARD MEMBER\EX-OFFICIO	1.00 39.00	X						0.	590,662.	83,100.
(3) HEATHER PALMER, MBA, MA EXECUTIVE DIRECTOR	32.00 8.00			X				0.	254,213.	77,720.
(4) BRENDA GASTON ASSISTANT CONTROLLER	10.00 30.00					X		0.	110,751.	67,162.
(5) PHYLLIS NARAGON DIRECTOR FOUNDATION PROGRAMS	40.00 0.					X		0.	121,970.	45,163.
(6) WINDEL STRACENER, MD, FAAFP BOARD MEMBER\RESIGNED 2020	1.00 15.00	X						0.	29,104.	0.
(7) DENNIS GINGRICH, MD, FAAFP BOARD MEMBER\ACADEMY 2021	1.00 15.00	X						0.	16,500.	0.
(8) ANDREW J.P. CARROLL, MD, FAAFP BOARD MEMBER\ACADEMY 2021	1.00 15.00	X						0.	12,929.	0.
(9) JULIE KAY ANDERSON, MD, FAAFP BOARD MEMBER\PRESIDENT	8.00 1.00	X		X				3,150.	225.	0.
(10) TOMAS P. OWENS, MD BOARD MEMBER\TREASURER	2.00 1.00	X		X				2,025.	225.	0.
(11) DAVID R. SMITH, MD, MPH, FAAFP BOARD MEMBER\VICE PRESIDENT	2.00 1.00	X		X				2,025.	225.	0.
(12) KRISTINA LAGUERRE, MD BOARD MEMBER\RESIGNED AUG 2020	1.00 1.00	X						1,350.	150.	0.
(13) E. J. HOLLAND, JR. BOARD MEMBER\PUBLIC 2020	1.00 0.	X						600.	0.	0.
(14) JUSTIN BARTOS, MD BOARD MEMBER\PHYSICIAN 2022	1.00 0.	X						450.	0.	0.

Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDREA GAVIN, MD BOARD MEMBER\AT-LARGE 2021	1.00 1.00	X						450.	0.	0.
(16) RENEE MARKOVICH, MD BOARD MEMBER\CHAPTER 2020	1.00 0.	X						450.	0.	0.
(17) JAY-SHEREE ALLEN, MD BOARD MEMBER\PHYSICIAN 2022	1.00 0.	X						450.	0.	0.
(18) ANGELA BRICCO BOARD MEMBER\CORPORATE 2021	1.00 0.	X						450.	0.	0.
(19) WARREN E JONES, MD, FAAFP BOARD MEMBER\PUBLIC 2021	1.00 0.	X						450.	0.	0.
(20) IAN COKER BOARD MEMBER\RESIGNED AUG 2020	1.00 0.	X						450.	0.	0.
(21) GRETCHEN IRWIN, MD, MBA, FAAFP BOARD MEMBER\CHAPTER 2021	1.00 0.	X						300.	0.	0.
(22) CHRISTY SKIBIKI, MD BOARD MEMBER\CORPORATE 2020	1.00 0.	X						300.	0.	0.
(23) RICHARD E. SMITH, JR BOARD MEMBER\PUBLIC 2022	1.00 0.	X						300.	0.	0.
(24) MARTIN DEVINE, MD, FAAFP BOARD MEMBER\AT-LARGE 2020	1.00 0.	X						0.	0.	0.
(25) AMY ARTICOLA BOARD MEMBER\CORPORATE 2022	1.00 0.	X						0.	0.	0.
1b Sub-total								13,200.	1,925,028.	317,190.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,200.	1,925,028.	317,190.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

[illegible]

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

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

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	36,634.			
	d	Related organizations	1d	100,961.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,102,148.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 80,277.			
	h	Total. Add lines 1a-1f		4,239,743.			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		1,731,784.			1,731,784.
	4	Income from investment of tax-exempt bond proceeds . .		0.			
	5	Royalties		0.			
	6a	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)		0.			
	7a	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b	1,260,221.	12,561.		
	c	Gain or (loss)	7c	57,802.	-12,561.		
	d	Net gain or (loss)		45,241.			45,241.
	8a	8a	Gross income from fundraising events (not including \$ 36,634. of contributions reported on line 1c). See Part IV, line 18		32,116.		
Less: direct expenses			32,116.				
Net income or (loss) from fundraising events.			0.				
9a	9a	Gross income from gaming activities. See Part IV, line 19		0.			
		Less: direct expenses		0.			
		Net income or (loss) from gaming activities.		0.			
10a	10a	Gross sales of inventory, less returns and allowances		0.			
		Less: cost of goods sold		0.			
		Net income or (loss) from sales of inventory.		0.			
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions		6,016,768.			1,777,025.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,814,031.	2,814,031.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	120,119.	120,119.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	13,125.	2,175.	8,100.	2,850.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	2,162.	1,829.	181.	152.
c Accounting	34,081.		34,081.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	29,968.	10,638.	19,330.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	1,763,605.	800,700.	374,998.	587,907.
12 Advertising and promotion	11,474.	1,790.	1,794.	7,890.
13 Office expenses	2,701.	867.	1,151.	683.
14 Information technology	54,569.	3,149.	3,861.	47,559.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	24,707.	2,043.	14,580.	8,084.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	44,206.	255.	3,941.	40,010.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	24,681.	24,681.		
23 Insurance	12,979.	5,391.	7,588.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAILING SERVICES AND POSTAGE	39,256.	1,382.	1,176.	36,698.
b DESIGN AND PRINTING	41,360.	1,067.	2,837.	37,456.
c OTHER PROGRAM EXPENSES	21,471.	3,405.	4,582.	13,484.
d BANK CHARGES	15,652.	1,165.	24.	14,463.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,070,147.	3,794,687.	478,224.	797,236.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	2,066,593.
	2 Savings and temporary cash investments.	2,445,324.	2	0.
	3 Pledges and grants receivable, net	128,950.	3	141,925.
	4 Accounts receivable, net.	130,848.	4	153,509.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	34,901.	9	63,564.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	453,694.		
	b Less: accumulated depreciation.	274,188.		
		25,122.	10c	179,506.
	11 Investments - publicly traded securities.	15,814,495.	11	17,854,817.
	12 Investments - other securities. See Part IV, line 11.	2,036,912.	12	1,613,251.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,616,552.	16	22,073,165.	
Liabilities	17 Accounts payable and accrued expenses.	1,148,014.	17	578,022.
	18 Grants payable	146,500.	18	75,718.
	19 Deferred revenue.	4,073.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	194,772.	25	180,645.
	26 Total liabilities. Add lines 17 through 25.	1,493,359.	26	834,385.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,279,060.	27	15,604,481.
	28 Net assets with donor restrictions.	4,844,133.	28	5,634,299.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	19,123,193.	32	21,238,780.
33 Total liabilities and net assets/fund balances.	20,616,552.	33	22,073,165.	

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,016,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,070,147.
3	Revenue less expenses. Subtract line 2 from line 1	3	946,621.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,123,193.
5	Net unrealized gains (losses) on investments	5	832,325.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	336,641.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,238,780.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** 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: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting 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 manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,458,444.	2,681,391.	1,746,095.	2,322,183.	4,239,743.	13,447,856.
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.	2,458,444.	2,681,391.	1,746,095.	2,322,183.	4,239,743.	13,447,856.
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).						3,051,082.
6 Public support. Subtract line 5 from line 4						10,396,774.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	2,458,444.	2,681,391.	1,746,095.	2,322,183.	4,239,743.	13,447,856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,379,762.	1,402,418.	1,589,344.	1,919,059.	1,731,784.	8,022,367.
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.						21,470,223.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	48.42 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	45.29 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section C. Type II 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 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		

Section D. All Type III Supporting Organizations

	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?		
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).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a, above, 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
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.		
2a		
2b		
3a		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 (<i>explain in detail in Part VI</i>):	1e		
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 0.015 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 0.035.	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 0.85 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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 of Contributors

OMB No. 1545-0047

2020

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

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

☒ 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

- ☒ 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 240,566.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 105,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 100,961.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

44-6013671

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

Name of organization **AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN**

Employer identification number

44-6013671

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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

2020

Open to Public
Inspection

Employer identification number

44-6013671

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,569,686.	12,464,940.	13,566,013.	12,360,158.	12,383,863.
b Contributions	320,964.	107,622.	158,273.	250,279.	101,099.
c Net investment earnings, gains, and losses	1,082,670.	2,536,493.	-703,571.	1,910,426.	785,636.
d Grants or scholarships	84,379.	13,905.	18,917.	414,700.	379,125.
e Other expenditures for facilities and programs	479,186.	489,328.	459,110.	463,481.	455,666.
f Administrative expenses	26,100.	36,136.	77,748.	76,669.	75,649.
g End of year balance	15,383,655.	14,569,686.	12,464,940.	13,566,013.	12,360,158.

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

a Board designated or quasi-endowment ▶ 72.8929 %

b Permanent endowment ▶ 17.7076 %

c Term endowment ▶ 9.3995 %

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

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		453,694.	274,188.	179,506.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				179,506.

Schedule D (Form 990) 2020

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN AFFILIATE	1,613,251.	COST
(B) ALTERNATIVE INVESTMENTS	723,116.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,336,367.	

Part VIII Investments - Program Related.

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	180,645.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	180,645.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,709,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	832,325.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,265,847.
e	Add lines 2a through 2d	2e	5,098,172.
3	Subtract line 2e from line 1	3	4,611,800.
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	29,968.
b	Other (Describe in Part XIII.)	4b	1,375,000.
c	Add lines 4a and 4b	4c	1,404,968.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,016,768.

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

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

1	Total expenses and losses per audited financial statements	1	7,594,385.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,554,206.
e	Add lines 2a through 2d	2e	2,554,206.
3	Subtract line 2e from line 1	3	5,040,179.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,968.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	29,968.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,070,147.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

MEDICAL RESEARCH BENEFITING FAMILY PRACTICE THROUGH THE ROBERT GRAHAM CENTER. SUPPORT OF FAMILY PRACTICE MEDICAL RESIDENTS AND STUDENTS 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	\$4,265,847
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SCHEDULE D, PART XI, LINE 4B

DIVIDEND RECEIVED FROM RELATED ORGANIZATION	\$ 1,375,000
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SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATION EXPENSE	\$ 2,554,206
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

44-6013671

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MINI AUCTION (event type)	SWEEPSTAKES (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	60,570.	8,180.		68,750.
	2 Less: Contributions	29,529.	7,105.		36,634.
	3 Gross income (line 1 minus line 2)	31,041.	1,075.		32,116.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	31,041.	1,075.		32,116.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				32,116.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I General Information on Grants and Assistance

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

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

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) SOUTH END COMMUNITY HEALTH CENTER, INC. 1601 WASHINGTON ST BOSTON, MA 02118	04-2456134	501(C)(3)	39,212.				FAM MED DISCOVERS
(2) RHODE ISLAND FREE CLINIC 655 BROAD STREET, 3RD FLOOR	05-0501276	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(3) FACULTY ASSN OF DMC FOR BROOKLYN FREE CLINI 450 CLARKSON AVE BROOKLYN, NY 11203	11-1704590	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 516 WEST 168TH STREET, 3RD FLOOR	13-5598093	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) GOOD SHEPHERD MINISTRIES OF OKLAHOMA 222 NW 12TH STREET OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	6,700.				FAMILY MEDICINE CARE
(6) GUADALUPE CLINIC 940 S. ST. FRANCIS ST. WICHITA, KS 67211	20-1285208	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(7) SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(8) HELPING HANDS HEALTH AND WELLNESS CENTER 5100 KARL ROAD COLUMBUS, OH 43229	20-5937457	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(9) PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVE RED BANK, NJ 07701	22-3619518	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(10) COMMUNITY VOLUNTEERS IN MEDICINE 300 LAWRENCE DR STE B	23-2944553	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(11) CLINICA ESPERANZA/ HOPE CLINIC 60 VALLEY STREET, SUITE 104	26-1714340	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(12) GRACE MEDICAL HOME, INC. 1417 E CONCORD ST ORLANDO, FL 32803	26-1817966	501(C)(3)	11,000.				FAMILY MEDICINE CARE

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

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

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

Schedule I (Form 990) 2020

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

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Part I General Information on Grants and Assistance

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

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

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) NEW BRAUNFELS CHRISTIAN MINISTRIES 169 S. HICKORY AVENUE	26-2221231	501(C)(3)	9,983.				FAMILY MEDICINE CARE
(2) COACHELLA VALLEY VOLUNTEERS IN MEDICINE PO BOX 10090 INDIO, CA 92202	26-3312826	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(3) THE HEARTS AND HANDS CLINIC 127 N COLLEGE ST STATESBORO, GA 30458	26-4597700	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(4) MONTGOMERY COUNTY FREE CLINIC PO BOX 86; 816 MILL STREET	27-1198512	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY	27-2135914	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(6) FAMILY COMMUNITY CLINIC, INC 1420 E. WASHINGTON STREET	27-2994215	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(7) MARTHA'S CLINIC C/O BSWH FOUNDATION 1402 W AVENUE H TEMPLE, TX 76504	27-3513154	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(8) SOAR SRFC NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44 NEOMED	30-0894952	GOVT	11,000.				FAMILY MEDICINE CARE
(9) WHEELING HEALTH RIGHT INC 61-29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(10) OHIO AFP 4075 N HIGH ST COLUMBUS, OH 43214	31-4398155	501(C)(6)	5,750.				FMPC GRANTS
(11) BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICI PO BOX 2653; 132 BLUFFTON ROAD	32-0298086	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(12) GENNESARET FREE CLINIC 615 N ALABAMA ST STE 136	35-1776518	501(C)(3)	36,000.				FAMILY MEDICINE CARE

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I General Information on Grants and Assistance

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

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

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) TRUSTEES OF INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION; 509 E 3R	35-6001673	501(C)(3)	36,000.				FAMILY MEDICINE CARE
(2) ROSALIND FRANKLIN UNIV MEDICIN INTERPROFESSIONAL COMMUNITY CLINIC; 3333 GR	36-2181973	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(3) FAMILY HEALTH FOUNDATION OF ILLINOIS 4756 MAIN STREET Lisle, IL 60532	36-3453953	501(C)(3)	6,250.				FMPC & SEMG GRANTS
(4) INDIAN AMERICAN MEDICAL ASSOCIATION CHARITA 2645 W PETERSON AVE CHICAGO, IL 60659	36-3910201	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) TRI CITY HEALTH PARTNERSHIP 318 WALNUT ST. ST. CHARLES, IL 60174	36-4475369	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(6) CLACKAMAS VOLUNTEERS IN MEDICINE PO BOX 2592 OREGON CITY, OR 97045	37-1621141	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(7) FAMILY MEDICINE FOUNDATION OF MICHIGAN 2164 COMMONS PKWY OKEMOS, MI 48864	38-2381592	501(C)(3)	8,500.				FMPC & SEMG GRANTS
(8) GENESEE COUNTY FREE MEDICAL CLINIC 2437 WELCH BLVD FLINT, MI 48504	38-2995700	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(9) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST, 5TH FLOOR WOLVERINE TOWER	38-6006309	501(C)(3)	40,000.				FAM MED DISCOVERS
(10) HIS HANDS FREE CLINIC 1245 2ND AVE SE CEDAR RAPIDS, IA 52402	39-1878606	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(11) IOWA CITY FREE MEDICAL CLINIC 2440 TOWNCREST DRIVE IOWA CITY, IA 52240	42-0960955	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(12) A.T. STILL UNIVERSITY OF HEALTH SCIENCES 800 W JEFFERSON STREET KIRKSVILLE, MO 63501	43-0356250	501(C)(3)	11,000.				FAMILY MEDICINE CARE

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

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

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Schedule I (Form 990) 2020

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

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

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) SAINT LOUIS UNIVERSITY OFFICE OF SPONSORED PROGRAMS	43-0654872	501(C)(3)	41,500.				FAMILY MEDICINE CARE
(2) CURATORS OF THE UNIVERSITY OF MISSOURI 118 UNIVERSITY HALL COLUMBIA, MO 65211	43-6003859	GOVT	11,000.				FAMILY MEDICINE CARE
(3) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY	44-0536051	501(C)(6)	1,527,099.				VAR PROGRAM SUPPORT
(4) MISSION TRAVIS MERCY ATTN: PEGGY LEITCH FORT WORTH, TX 76110	45-3841621	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) THREE ANGELS CLINIC, INC. 4817 NE 2ND LOOP; BUILDING B	45-4850675	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(6) FREE CLINIC OF MERIDIAN INC PO BOX 3724 MERIDIAN, MS 39303	45-5309446	501(C)(3)	20,570.				FAMILY MEDICINE CARE
(7) SOUTHEAST INDIANA HEALTH CENTER 920 COUNTY LINE RD STE B	46-1260760	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(8) VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART ST DAYTONA BEACH, FL 32114	47-1005976	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(9) HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE, SUITE 300	48-1108359	501(C)(3)	10,000.				DISASTER RELIEF
(10) UNIVERSITY OF MARYLAND FAMILY AND COMMUNITY 29 SOUTH PACA STREET BALTIMORE, MD 21201	52-1274266	501(C)(3)	16,500.				FAMILY MEDICINE CARE
(11) CAPE VOLUNTEERS IN MEDICINE, INC 423 ROUTE 9 N	52-2257585	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(12) CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCASIN RD STE 201	54-1371067	501(C)(3)	11,000.				FAMILY MEDICINE CARE

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2020

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

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

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) CAMPBELL UNIVERSITY INCORPORATED 4350 US HWY 421 S. LILLINGTON, NC 27546	56-0529940	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(2) ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINI 155 LIVINGSTON STREET ASHEVILLE, NC 28801	56-0945001	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(3) GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(4) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA 550 E. ROLLINS STREET, SIXTH FLOOR	59-2219301	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) LATINO LEADERSHIP INC 8617 E COLONIAL DR STE 1600	59-3702613	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(6) SHADE TREE CLINIC 1500 21ST AVE. SOUTH, STE 3000	62-0476822	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(7) GOOD SAMARITAN CLINIC 3880 WATERMELON RD., SUITE A	63-1199900	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(8) PONCE MEDICAL SCHOOL FOUNDATION, INC. 388 DR. LUIS F. SALA STREET PONCE, PR 00717	66-0379122	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(9) OZANAM INN 843 CAMP STREET NEW ORLEANS, LA 70130	72-0854403	501(C)(3)	9,967.				FAMILY MEDICINE CARE
(10) MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	21,000.				FAMILY MEDICINE CARE
(11) HOPE MEDICAL CLINIC 10101 60TH STREET LEXINGTON, OK 73051	73-1338039	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(12) HEALTH FOR ALL, INC 3030 E 29TH ST STE 111 BRYAN, TX 77802	74-2624477	501(C)(3)	11,000.				FAMILY MEDICINE CARE

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

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(1) THE UNIVERISTY OF ARIZONA 1303 E UNIVERSITY BLVD # 3 TUCSON, AZ 85719	74-2652689	GOVT/EDUC INST	11,000.				FAMILY MEDICINE CARE
(2) HOPE CLINIC OF GARLAND, INC. 800 S 6TH ST GARLAND, TX 75040	75-2960314	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(3) VOLUNTEERS IN MEDICINE JACKSONVILLE INC. 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	24,000.				FAMILY MEDICINE CARE
(4) HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	76-0647934	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(5) C-ASIST 24513 FORD RD DEARBORN, MI 48128	81-3386484	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(6) JUST IN TIME MEDICAL CLINIC 8730 CINCINNATI DAYTON RD UNIT 1189	81-4050379	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(7) VOLUNTEERS IN MEDICINE DEARBORN, OHIO AND S PO BOX 3429 LAWRENCEBURG, IN 47025	82-2231722	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(8) PORTLAND STREET MEDICINE 825 NE MULTNOMAH STREET, SUITE 240	82-4209837	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(9) VOLUNTEERS IN MEDICINE CHRISTIAN COUNTY 865 N. NICHOLAS ROAD NIXA, MO 65714	83-3903144	501(C)(3)	25,000.				FAMILY MEDICINE CARE
(10) ST. PETER COMMUNITY FREE CLINIC PO BOX 405 SAINT PETER, MN 56082	83-4579016	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(11) VIRGINIA G. PIPER ST VINCENT DE PAUL MED & 420 W. WATKINS ROAD PHOENIX, AZ 85003	86-0096789	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(12) CULTURE OF LIFE MINISTRIES 205 S 4TH ST HARLINGEN, TX 78550	90-0978971	501(C)(3)	25,000.				FAMILY MEDICINE CARE

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

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

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Schedule I (Form 990) 2020

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Department of the Treasury
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Grants and Other Assistance to Organizations,
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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) CLINICA TEPATI 4610 X ST STE 2101 SACRAMENTO, CA 95817	94-2324682	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(2) LESTONNAC FREE CLINIC 734 E LA VETA AVE ORANGE, CA 92866	95-3499011	501(C)(3)	11,000.				FAMILY MEDICINE CARE
(3) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD	95-3949646	501(C)(3)	10,000.				DISASTER RELIEF
(4) GOOD NEIGHBOR HEALTH CLINIC 70 N MAIN STREET WHITE RIVER JCT, VT 05001	03-0346949	501(C)(3)	11,000.				FAMILY MEDICINE
(5)							
(6)							
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 74.

3 Enter total number of other organizations listed in the line 1 table 2.

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Schedule I (Form 990) 2020

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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 FAMILY MEDICINE LEADS SCHOLARSHIPS	599.	117,540.			
2 CHFM SCHOLARSHIPS	1.	579.			
3 GLOBAL HEALTH SUMMIT SCHOLARSHIPS	6.	2,000.			
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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.

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

AND/OR RESEARCH MEDICAL STUDENT EXTERNSHIPS IN THEIR STATE. MATCHING

GRANTS ARE AWARDED IN FEBRUARY AND DISBURSEMENT OF THE FUNDS TO

CHAPTERS/CHAPTER FOUNDATIONS IS CONTINGENT UPON SUBMISSION OF A REQUEST

FOR PAYMENT FORM, WHICH VERIFIES THE EXTERNSHIP ACTIVITIES. THE COMPLETED

REQUEST FOR PAYMENT IS REVIEWED AND APPROVED BY THE PROGRAM SPECIALIST

AND ALL FUNDS ARE DISTRIBUTED PRIOR TO DECEMBER 31 OF EACH YEAR.

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

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

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

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

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

FINAL APPROVAL IS RECEIVED FROM THE FMPC, IT MUST BE APPROVED BY THE

FOUNDATION'S BOARD OF TRUSTEES. GRANT AWARDS ARE ANNOUNCED IN LATE MAY

EARLY JUNE. THE GRANT CYCLE RUNS FROM JUNE TO JULY 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 AUGUST. 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

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.

GRANT PERIOD END DATE. ANY AMOUNTS UNSPENT MUST BE REPAID TO THE

FOUNDATION.

FMPC CHAPTER ENGAGEMENT GRANT AWARDS -- THIS NEW PILOT PROGRAM IS TO HELP ADDRESS THE DOWNWARD TREND IN FMPC REVENUE, BUILD FMPC BRAND IDENTITY, AND TO INCREASE MEMBER ENGAGEMENT AND PROGRAM AWARENESS ON THE CHAPTER LEVEL. STARTING IN 2020, FMPC WILL PROVIDE EACH AAFP CHAPTER WITH THE OPPORTUNITY FOR \$750 TO SHOWCASE A PROGRAM OR INITIATIVE THAT PROMOTES ENGAGEMENT IN ONE OF THE THREE FMPC CORE AREAS OF FOCUS: STUDENTS & RESIDENTS, MEMBER OUTREACH OR PUBLIC HEALTH. WHEN THE PROJECTS ARE

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.

COMPLETE, EACH CHAPTER WILL BE RESPONSIBLE FOR REPORTING HOW THE GRANT
WAS UTILIZED.

FAMILY MEDICINE CARES USA - LAUNCHED IN 2011, THIS HUMANITARIAN PROGRAM
IS HELPING TO ESTABLISH NEW AND EXISTING FREE CLINICS TO CARE FOR THE
UNINSURED IN AREAS OF NEED ACROSS THE U.S. GRANTS ARE PROVIDED TO NEW
CLINICS FOR THE PURCHASE OF TANGIBLE ITEMS-SUCH AS EXAM TABLES, EHR
SYSTEMS AND MEDICAL EQUIPMENT-NEEDED TO OPEN THEIR DOORS. FAMILY MEDICINE
CARES ALSO GIVES AAFP MEMBERS, RESIDENTS AND STUDENTS THE OPPORTUNITY TO
VOLUNTEER THEIR TIME AND TALENTS. GRANT AWARDS ARE FOR AS MUCH AS

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.

\$25,000. GRANTS ARE APPLIED FOR ANNUALLY (JULY). THE PROPOSALS ARE

REVIEWED AND GRANTS AWARDED BY THE FAMILY MEDICINE CARES USA WORK GROUP.

THE SELECTIONS ARE THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL.

FUNDS ARE DISTRIBUTED ON A 80%-20% BASIS. THE INITIAL 80% IS DISTRIBUTED

UPON RECEIPT OF THE FREE CLINIC'S LETTER OF ACCEPTANCE, A SIGNED

APPLICANT AGREEMENT AND THE SUBSTITUTE W-9 FORM. THE FINAL 20%

DISTRIBUTION IS ALLOCATED UPON RECEIPT OF THE GRANT FUND RECONCILIATION

FORM DOCUMENTING THE USE OF THE FAMILY MEDICINE CARES GRANT FUNDS AND

RECEIPTS FOR EXPENDITURES.

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.

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 UP

TO TWO RECIPIENTS IS RECOMMENDED BY THE 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

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.

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 & 990 INFORMATION FORM FOR COMPLETION. THE FUNDS
ARE DISTRIBUTED IN INSTALLMENTS BEGINNING AFTER RECEIPT OF THIS
INFORMATION AND AS REPORTING REQUIREMENTS ARE MET.

FAMILY MEDICINE CARES EMERGENCY GRANTS - PHASE I: BETWEEN APRIL 1 AND

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.

OCTOBER 1, 2020, \$1,000 EMERGENCY RELIEF GRANTS WERE PROVIDED TO 45 FMC

USA FREE CLINICS. THE FUNDING COULD BE USED FOR DURABLE, NON-DURABLE, OR

OPERATIONAL EXPENSES. THE APPLICATION PROCESS WAS AN EASY ONE-PAGE

APPLICATION THAT THE CLINICS HAD TO COMPLETE AND RETURN TO THE

FOUNDATION. FORTY-FIVE OF THE 49 ELIGIBLE CLINICS (CLINICS THAT WERE

STILL OPERATIONAL) RESPONDED TO THE OFFER.

PHASE II: THROUGH A GENEROUS \$1M DONATION FROM THE HUMANA FOUNDATION IN

JUNE, THE AAFP FOUNDATION REACHED OUT TO THE 45 FREE CLINICS RECENTLY

AWARDED A \$1,000 FMC USA EMERGENCY RELIEF GRANT AND OFFERED THEM AN

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.

OPPORTUNITY TO RECEIVE AN ADDITIONAL \$10,000 FUNDED BY THE HUMANA

FOUNDATION.

JULY 15 MARKED THE DEADLINE FOR FREE CLINICS TO APPLY TO THE TRADITIONAL FMC USA GRANT PROGRAM. THE FMC WORK GROUP THOUGHT THIS WAS AN OPPORTUNITY TO SHARE A PORTION OF THE HUMANA FOUNDATION'S FUNDING WITH THE FREE CLINICS APPROVED FOR FMC USA FUNDING. SIXTEEN APPLICATIONS WERE RECEIVED AND REVIEWED BY THE WORK GROUP. OF THE 16 APPLICATIONS REVIEWED, 14 WERE GIVEN AN ADDITIONAL \$15,000 ON TOP OF THEIR REQUESTED \$10,000 TO GO TOWARDS DURABLE (E.G., TELEHEALTH EQUIPMENT), NON-DURABLE (E.G., PPE

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.

ITEMS), AND OPERATIONAL EXPENSES (E.G., RENT, ELECTRIC).

APPLICATIONS FROM FREE CLINICS WITH A 4.5 OR HIGHER COMMUNITY NEEDS INDEX (CNI), A TOOL THAT HELPS HEALTH CARE ORGANIZATIONS, NOT-FOR-PROFITS, AND POLICY MAKERS IDENTIFY AND ADDRESS BARRIERS TO HEALTH CARE ACCESS IN THEIR COMMUNITIES, WERE GIVEN PRIORITY FOR FUNDING. THE CNI AGGREGATES FIVE SOCIOECONOMICS INDICATORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY - INCOME, CULTURE/ LANGUAGE, EDUCATION, HOUSING STATUS, AND INSURANCE COVERAGE, AND APPLIES THEM TO EVERY ZIP CODE IN THE UNITED STATES. EACH ZIP CODE IS GIVEN A SCORE RANGING FROM 1.0 (LOW NEED) TO 5.0 (HIGH NEED).

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.

RESIDENTS OF COMMUNITIES WITH THE HIGHEST CNI SCORES WERE SHOWN TO BE

TWICE AS LIKELY TO EXPERIENCE PREVENTABLE HOSPITALIZATIONS FOR MANAGEABLE

CONDITIONS (E.G., EAR INFECTIONS, PNEUMONIA, CONGESTIVE HEART FAILURE) AS

COMMUNITIES WITH THE LOWEST CNI SCORES. THIS TOOL HELPS ALLOCATE

RESOURCES WHERE THEY ARE MOST NEEDED, USING A STANDARDIZED, QUANTITATIVE

TOOL.

ELIGIBILITY REQUIREMENTS WERE MODELED AFTER THE FMC USA PROGRAM IN THAT A

CLINIC:

- PROVIDES SERVICES AT NO COST TO PATIENTS.

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.

- HAS AN AAFP MEMBER FAMILY PHYSICIAN WHO MAINTAINS ACTIVE, ONGOING INVOLVEMENT WITH PATIENT CARE AT THE CLINIC.
- HAS A PRIMARY CARE FOCUS.
- TARGETS POPULATIONS OF THE UNINSURED AND MEDICALLY UNDERSERVED WITH INCOME RESTRICTIONS.
- IS NONDENOMINATIONAL AND OPEN TO ALL MEMBERS OF THE COMMUNITY.
- SERVES ADULTS (AND CHILDREN IF SCHIP PROGRAM IS NOT AVAILABLE).
- USES ACTIVE/RETIRED FAMILY PHYSICIANS, RESIDENTS, OR MEDICAL STUDENTS AS VOLUNTEERS.

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.

PHASE III: FOR THIS PHASE, THE APPLICATION PERIOD OPENED AUGUST 1 AND

CLOSED AUGUST 31, 2020. FORTY-ONE FREE CLINICS APPLIED AND ALL

APPLICATIONS WERE REVIEWED BY MULTIPLE MEMBERS OF THE NINE-MEMBER FMC WG.

ON OCTOBER 19, 2020, 13 FAMILY MEDICINE CARES/HUMANA EMERGENCY RELIEF

GRANTS (UP TO \$25,000 EACH) WERE AWARDED FOR A TOTAL OF \$300,000.

AWARDEES OF PHASE III WILL BE NOTIFIED ON NOVEMBER 22, 2020.

TO HELP GUIDE THE WORK GROUP IN SELECTING CLINICS IN HIGH NEED AREAS,

CLINICS WITH A COMMUNITY NEED INDEX (CNI) OF 4.5 OR GREATER WERE GIVEN

PREFERENCE (SEE DESCRIPTION OF THE CNI TOOL ABOVE).

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.

ALL FUNDS FOR PHASE I, II AND III WERE AWARDED BETWEEN APRIL 1 AND
OCTOBER 19, 2020.

FAMILY MEDICINE DISCOVERS SCHOLARSHIPS/GRANTS -
FMD RAPSDI SEEKS TO ATTRACT AND SUPPORT PRACTICING FAMILY PHYSICIANS WHO
ARE INEXPERIENCED RESEARCHERS BUT INTERESTED IN CONTRIBUTING TO THE
KNOWLEDGE BASE OF FAMILY MEDICINE. UNLIKE MOST RESEARCH PROGRAMS, THIS
PROGRAM DOES NOT REQUIRE PRIOR RESEARCH EXPERIENCE AND IS NOT INTENDED TO
BE A STEPPING OFF POINT FOR THOSE INTERESTED IN A RESEARCH CAREER. THE

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

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

HOPE IS THAT APPLICANTS WHO ARE NOT SELECTED AS FMD RAPSDI SCHOLARS ALSO
BENEFIT FROM FEEDBACK AND MENTORSHIP THAT COULD ADVANCE THEIR IDEAS INTO
FUNDABLE PROJECTS IN THE FUTURE.

FMD RAPSDI FUNDING SUPPORTS SHORT-TERM INNOVATIVE AND HIGH-IMPACT
PROJECTS LED BY PRACTICING FAMILY PHYSICIANS IN REAL-WORLD SETTINGS. THE
INFRASTRUCTURE CREATED NOVEMBER 2018, ALLOWS AAFP MEMBERS TO SUBMIT IDEAS
AND QUESTIONS THAT ARE RELEVANT AND RESPONSIVE TO AAFP AND AAFP NRN
MEMBERS' CURRENT PRIORITIES AND INTERESTS.
FAMILY MEDICINE DISCOVERS OFFICIALLY DEBUTED IN JANUARY 2019, WITH THE

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

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

LAUNCH OF FAMILY MEDICINE DISCOVERS RAPID CYCLE SCIENTIFIC DISCOVERY AND INNOVATION (FMD RAPSDI). FMD RAPSDI IS A COLLABORATION BETWEEN THE AAFP FOUNDATION AND THE AAFP NATIONAL RESEARCH NETWORK (AAFP NRN) THAT SEEKS TO BUILD RESEARCH CAPACITY FOR SCIENTIFIC DISCOVERY AND INNOVATION IN FAMILY MEDICINE BY FUNDING PRACTICING FAMILY PHYSICIANS TO GENERATE NEW EVIDENCE AND INNOVATIVE MODELS FOR "WHAT WORKS" IN REAL-WORLD PRIMARY CARE SETTINGS.

SINCE MAY 2019, AAFP NRN AND AAFP FOUNDATION STAFF HAVE WORKED IN CONJUNCTION WITH A WORK GROUP COMPRISED OF REPRESENTATIVES FROM FAMILY

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.

MEDICINE ORGANIZATIONS AND AAFP FOUNDATION TRUSTEES TO BUILD THE FMD

RAPSDI PROGRAM. THIS GROUP HAS DEFINED AND OPERATIONALIZED PROGRAM

OBJECTIVES, INCLUDING METRICS, PROCESSES/PROCEDURES, TIMELINES, AND

MARKETING STRATEGY. ULTIMATELY, WE ELECTED TO IMPLEMENT A TWO-TIERED

APPLICATION, IN WHICH FOUR APPLICANTS ("FINALISTS") WOULD ADVANCE FROM AN

INITIAL LOW-BURDEN APPLICATION ("FIRST ROUND") TO A SECOND ROUND. IN THE

SECOND ROUND, FINALISTS COMPLETE AN IN-DEPTH RESEARCH PROJECT APPLICATION

WITH ASSISTANCE FROM A MENTORSHIP TEAM COMPRISED OF AAFP NRN LEADERSHIP

AND EXTERNAL CONTENT OR METHODS EXPERTS.

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.

AS OF JUNE 1ST, 2020, THE INAUGURAL PROGRAM CYCLE ("CYCLE 1") HAS
CONCLUDED. THE WORK GROUP SELECTED AND NOMINATED TWO FMD RAPSDI SCHOLARS
WHICH WERE SUBSEQUENTLY APPROVED BY THE AAFP FOUNDATION'S BOARD OF
TRUSTEES. BOTH SCHOLAR'S PROJECTS BEGAN ON 6/1/2020 AND ARE CURRENTLY
UNDERWAY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO\RESIGN	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	426,129.	76,000.	285,945.	43,271.	774.	832,119.	40,665.
2 HEATHER PALMER, MBA, MA EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	247,971.	5,000.	1,242.	50,654.	27,066.	331,933.	
3 R SHAWN MARTIN BOARD MEMBER\EX-OFFICIO	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	530,637.	50,000.	10,025.	80,439.	2,661.	673,762.	8,229.
4 BRENDA GASTON ASSISTANT CONTROLLER	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	110,515.	0.	236.	34,260.	32,902.	177,913.	
5 PHYLLIS NARAGON DIRECTOR FOUNDATION PROGRAMS	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	116,199.	1,000.	4,771.	34,143.	11,020.	167,133.	
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

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

DOUGLAS HENLEY \$182,850

SCHEDULE J, PART I, LINE 4B

	REPORTABLE	DEFERRED
DOUGLAS HENLY	\$ 40,665	\$ 6,671
R SHAWN MARTIN	\$ 8,229	\$ 26,739

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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4 .	80,277 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29	
----	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

ALL GIFTS OF PUBLICLY TRADED STOCK ARE PROCESSED BY OUR INVESTMENT
ADVISOR/BROKER.

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

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 2020, AWARDS AND GRANTS IMPACTED 42 STATE AFP CHAPTERS, 77
ORGANIZATIONS, NEARLY 1,000 RESIDENTS, RESEARCH FELLOWS, FAMILY MEDICINE
RESEARCHERS AND MEDICAL STUDENTS, 220 HEALTH PROFESSIONALS, AND AN
AVERAGE OF 43 STATE AFP CHAPTER EXECUTIVES.

WWW.AAFPFOUNDATION.ORG

FORM 990, PART III, LINE 4B

FAMILY MEDICINE LEADS FOCUSES ON ENSURING THE FUTURE OF THE FAMILY
MEDICINE SPECIALTY BY SUPPORTING EFFORTS TO FILL THE WORKFORCE PIPELINE
WITH BOTH THE QUANTITY AND QUALITY OF FAMILY PHYSICIANS NEEDED TO IMPROVE
THE HEALTH OF ALL PEOPLE, AS WELL AS BY SUPPORTING THE DEVELOPMENT OF
FUTURE FAMILY MEDICINE LEADERS.

IN 2020, 558 SCHOLARSHIPS WERE PROVIDED FOR FAMILY MEDICINE RESIDENTS AND
MEDICAL STUDENTS TO ATTEND NATIONAL CONFERENCE VIRTUALLY, WITH THE GOAL

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

OF INFLUENCING STUDENTS' AND RESIDENTS' COMMITMENT TO THE SPECIALTY OF
FAMILY MEDICINE.

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

[HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/EDUCATION-INITIATIVES.HTML](https://www.aafpfoundation.org/our-programs/education-initiatives.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 IN EXCESS OF \$1.5 MILLION TO FREE HEALTH
CLINICS. IN 2020, AS COVID-19 BECOMES A NATIONAL EMERGENCY AND THE US
GOES INTO LOCKDOWN, THE FOUNDATION SECURES FUNDING TO PROVIDE MORE THAN
\$1 MILLION IN MUCH NEEDED SUPPORT TO 76 FREE HEALTH CLINICS IN 29 STATES
AND PUERTO RICO, TARGETED TO COMMUNITIES WITH HIGH NEED AND SOCIOECONOMIC

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	Employer identification number 44-6013671
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INDICATORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. CLINICS WERE ABLE TO
USE THE FUNDING TO COVER THE COST OF DURABLE AND NON-DURABLE MEDICAL
EQUIPMENT, INCLUDING MUCH-NEEDED PPE.

IN 2020 THE FMC USA RESIDENT SERVICE AWARD PROGRAM SUPPORTED TWO
PROJECTS: 1) PATIENT CENTERED ADDICTION TREATMENT LEVERAGING
ACCESSIBILITY AND INCLUSION TO IMPROVE MEDICATION FOR ADDICTION TREATMENT
(MAT), A PROJECT SEEKING TO BRIDGE THE GAP BETWEEN THE NEED OF THE
COMMUNITY TO THE RESOURCES AVAILABLE AT FAMILY CARE HEALTH CLINIC, AND 2)
A PARTNERSHIP WITH UNIVERISYT FAMILY MEDICINE CLINIC, A NON-PROFIT NCQA
LEVEL 3 PATIENT CENTERED MEDICAL HOME THAT IS PILLAR OF PRIMARY CARE AND
A NATIONAL LEADER IN URBAN HEALTH.

[HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/HUMANITARIAN-INITIATIVES.HTML](https://www.aafpfoundation.org/our-programs/humanitarian-initiatives.html)

FORM 990, PART III, LINE 4D

CENTER FOR HISTORY OF FAMILY MEDICINE:

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 2020, THE CENTER HANDLED A TOTAL OF 398 ENGAGEMENTS, INCLUDING AN
ORAL HISTORY PROJECT FOCUSED ON CAPTURING THE STORIES OF FAMILY

Name of the organization AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	Employer identification number 44-6013671
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PHYSICIANS, STUDENTS, AND RESIDENTS AS THEY DEALT WITH COVID-19. THROUGH
OUT THIS PROJECT, "COVID-19 STORIES", THE CENTER WAS ABLE TO CAPTURE 22
ORAL HISTORIES DURING THIS IMPORTANT TIME IN FAMILY MEDICINE. CHFM
VOLUNTEERS ALSO CONTRIBUTED A TOTAL OF 103 HOURS VOLUNTEERING FOR THE
CENTER DURING 2020.

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.

[HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/CENTER-HISTORY-FAMILY-MEDICINE](https://www.aafpfoundation.org/our-programs/center-history-family-medicine.html)
.HTML

FAMILY MEDICINE DISCOVERS

THE AAFP FOUNDATION'S NEW SCIENTIFIC PROGRAM, IN PARTNERSHIP WITH AAFP
NATIONAL RESEARCH NETWORK, FOCUSES ON BUILDING A ROBUST FAMILY MEDICINE
RESEARCH INFRASTRUCTURE BY CULTIVATING SCHOLARSHIP AND ENGAGEMENT AMONG
COMMUNITY FAMILY PHYSICIANS. FAMILY MEDICINE DISCOVERS RAPID CYCLE
SCIENTIFIC DISCOVERY AND INNOVATION (FMD RAPSDI) PROGRAM SEEKS PRACTICING
FAMILY PHYSICIANS WITH LITTLE OR NO RESEARCH EXPERIENCE TO GENERATE NEW
EVIDENCE AND INNOVATIVE MODELS FOR "WHAT WORKS" IN REAL-WORLD PRIMARY
CARE SETTINGS.

IN 2020, THE FIRST TWO SCHOLARS OF THE FMD RAPSDI PROGRAM WRAPPED UP

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

THEIR RESPECTIVE PROJECTS: 1) MEDICALLY TAILORED MEAL KITS AS A MEANS OF DECREASING ED VISITS AND HOSPITALIZATIONS IN PRIMARY CARE PATIENTS WITH CHRONIC DISEASES, WHICH STUDIED THE IMPACT OF PROVIDING MEAL KITS AND NUTRITIONAL EDUCATION TO PATIENTS WITH CHRONIC DISEASES RATHER THAN READY TO HEAT/EAT MEALS, AND 2) ADAPTING EVIDENCE-BASED MALE INTIMATE PARTNER VIOLENCE PERPETUATION INTERVENTIONS FOR USE BY FAMILY MEDICINE CLINICS AND PATIENTS, USING EVIDENCE-BASED FAMILY MEDICINE INTERVENTIONS TO HELP IDENTIFY MEN WITH ANGER ISSUES AND PROVIDE RELEVANT SERVICES.

[HTTPS://WWW.AAFPFFOUNDATION.ORG/OUR-PROGRAMS/SCIENTIFIC-INITIATIVES.HTML](https://www.aafpfoundation.org/our-programs/scientific-initiatives.html)

FORM 990, PART VI, SECTION A, LINE 2

JULIE K ANDERSON, REBECCA JAFFE, ANDREA GAVIN, DAVID SMITH, TOMAS OWENS, WINDEL STRACENER, DENNIS GINGRICH, ANDREW CARROLL, R. SHAWN MARTIN, DOUGLAS HENLEY, CHRISTINA PEDRO, KRISTINA LAGUERRE, HEATHER PALMER, PHYLLIS NARAGON, AND BRENDA GASTON HAVE BUSINESS RELATIONSHIPS.

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.

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

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
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

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

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

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 \$(1,375,000)

EQUITY IN SUBSIDIARY EARNINGS \$ 1,711,641

TOTAL OTHER CHANGES IN NET ASSETS \$ 336,641

=====

FORM 990, PART VI, LINE 17 - STATES

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 1

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ATTACHMENT 2

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

ATTACHMENT 2 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERICAN ACADEMY OF FAMILY PHYS. 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	ADMIN AND MANAGEMENT	1,721,819.

ATTACHMENT 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACTED SERVICES - ASA	1,452,573.	677,430.	302,102.	473,041.
OTHER FEES FOR SERVICES	311,032.	123,270.	72,896.	114,866.
TOTALS	<u>1,763,605.</u>	<u>800,700.</u>	<u>374,998.</u>	<u>587,907.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

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

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

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

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

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AAFP POOLED INV FD 43-1695097 11400 TOMAHAWK CREEK PARKWAY L	ASSET MANAGEMENT	MO	AAFP	N/A								
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AAFP INSURANCE SERVICES 43-1226253 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	INSURANCE ADMIN	KS	AAFP FDN	C CORP	3,899,103.	4,616,424.	100.0000	X	
(2) CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE TRUST	KS	N/A					X	
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AAFP INSURANCE SERVICES	F	1,375,000.	CASH
(2) AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	100,961.	CASH
(3) AMERICAN ACADEMY OF FAMILY PHYSICIANS	P	1,714,330.	CASH
(4) AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	1,527,099.	CASH
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2020

Part VII **Supplemental Information**

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