



Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your FORVIS advisor if you have questions about these rules.

American Academy of Family Physicians Foundation

Return of Organization Exempt from Income Tax

December 31, 2021

**Public
Disclosure
Copy**

FORV/S

**IRS e-file Signature Authorization
for a Tax Exempt Entity**For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN44-6013671

Name and title of officer or person subject to tax

HEATHER PALMER, EXECUTIVE DIRECTOR**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 | <u>5,392,097.</u> |
| 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 V, 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 | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 FORVIS, LLP to enter my PIN 662111 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 E. Palmer

Date ▶

11/14/22**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.

48010218312

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶

Shamul Limat

Date ▶

11/11/22

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990****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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2021****Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2021 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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)

Room/suite

11400 TOMAHAWK CREEK PKWY

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 \$ 6,245,946.**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.AAFPFUNDATION.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) | 21 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 19 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | NONE |
| | 6 | Total number of volunteers (estimate if necessary) | 125 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 4,239,743. Current Year: 2,804,603. |
| | 9 | Program service revenue (Part VIII, line 2g) | NONE NONE |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,777,025. 2,587,494. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | NONE NONE |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,016,768. 5,392,097. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | NONE NONE |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 13,125. 6,825. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | NONE NONE |
| 16b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 784,234. | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,122,872. 2,122,967. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,070,147. 4,284,438. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 946,621. 1,107,659. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 22,073,165. End of Year: 25,207,430. |
| | 21 | Total liabilities (Part X, line 26) | 834,385. 604,349. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20. | 21,238,780. 24,603,081. |

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 | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | SHAWNELL LINOT | <i>Shawnell Linot</i> | 11/11/22 | | P01663908 |
| | Firm's name ▶ FORVIS, LLP | Firm's EIN ▶ | 44-0160260 | | |
| | Firm's address ▶ 1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601 | Phone no. | 316-265-2811 | | |

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** (2021)

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

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

- The books are in the care of ► **BRENDA GASTON**
 11400 TOMAHAWK CREEK PARKWAY LEAWOOD KS 66211
 Telephone No. ► 913 906-6000 Fax No. ►

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

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2021 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

| | | | |
|---|-----------|----|------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | NONE |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | NONE |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | NONE |

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

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

Form **8868** (Rev. 1-2022)

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 \$ 2,056,563. including grants of \$ 1,765,808.) (Revenue \$ NONE)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 205,880. including grants of \$ 119,690.) (Revenue \$ NONE)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 370,153. including grants of \$ 187,648.) (Revenue \$ NONE)
SEE SCHEDULE O

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

(Expenses \$ 403,743. including grants of \$ 81,500.) (Revenue \$ NONE)

4e Total program service expenses ▶ 3,036,339.

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)? <i>If "Yes," complete Schedule A.</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i> | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | 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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> | 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? <i>If "Yes," complete Schedule D, Part VI.</i> | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> | 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> | <input checked="" type="checkbox"/> | |
| 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> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties (see the 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> | | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input checked="" type="checkbox"/> | |
| 35b 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> | <input checked="" type="checkbox"/> | |
| 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> | <input checked="" type="checkbox"/> | |
| 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> | | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | <input checked="" type="checkbox"/> | |

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 | <input checked="" type="checkbox"/> | |
| 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. | <input checked="" type="checkbox"/> | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | |

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 NONE | | |
| 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? | 13a | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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? | 15 | X |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | |
| 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 |
| 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | |
| If "Yes," complete Form 6069. | | |

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

| | | Yes | No |
|-----------|--|-----------|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 21 |
| | 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. | 1b | 19 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | 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 |
| 7b | 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? <i>If "Yes," provide the names and addresses on Schedule O.</i> | 9 | X |

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | 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? . | X | |
| b | Describe on 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? <i>If "No," go to line 13</i> | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | X |
| 12b | | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> | | X |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 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 | X | |
| 15a | | X | |
| b | Other officers or key employees of the organization | | X |
| 15b | | | X |
| | If "Yes" to line 15a or 15b, describe the process on 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? | | X |
| 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 | | | |

17 List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

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

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 ☒ X**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (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) R SHAWN MARTIN BOARD MEMBER\EX-OFFICIO | 1.00 39.00 | X | | | | | | NONE | 773,737. | 92,801. |
| (2) HEATHER PALMER, MBA, MA EXECUTIVE DIRECTOR | 32.00 8.00 | | | X | | | | NONE | 262,121. | 78,349. |
| (3) BRENDA GASTON ASSISTANT CONTROLLER | 10.00 30.00 | | | | | X | | NONE | 123,154. | 75,133. |
| (4) ANDREW J.P. CARROLL, MD, FAAF BOARD MEMBER\ACADEMY 2022 | 1.00 15.00 | X | | | | | | NONE | 13,091. | NONE |
| (5) DENNIS GINGRICH, MD, FAFSP BOARD MEMBER\RESIGNED 2021 | 1.00 15.00 | X | | | | | | NONE | 11,673. | NONE |
| (6) MARY F. CAMPAGNOLO, MD, MBA, BOARD MEMBER\ACADEMY 2022 | 1.00 15.00 | X | | | | | | NONE | 11,470. | NONE |
| (7) DOUGLAS HENLEY, MD BOARD MEMBER\EX-OFFICIO\RESIGN | 1.00 39.00 | X | | | | | | NONE | 6,671. | NONE |
| (8) TOMAS P. OWENS, MD BOARD MEMBER\VICE PRESIDENT | 2.00 1.00 | X | | X | | | | 900. | 450. | NONE |
| (9) CHRISTINA PEDRO, MD, MBA BOARD MEMBER\RESIDENT 2022 | 1.00 1.00 | X | | | | | | 900. | 175. | NONE |
| (10) DAVID R. SMITH, MD, MPH, FAAF BOARD MEMBER\PRESIDENT ELECT | 8.00 1.00 | X | | X | | | | 675. | NONE | NONE |
| (11) GRETCHEN IRWIN, MD, MBA, FAAF BOARD MEMBER\CHAPTER 2021 | 1.00 NONE | X | | | | | | 600. | NONE | NONE |
| (12) ANDREA GAVIN, MD BOARD MEMBER\AT-LARGE 2021 | 1.00 NONE | X | | | | | | 600. | NONE | NONE |
| (13) WARREN E JONES, MD, FAFSP BOARD MEMBER\PUBLIC 2021 | 1.00 NONE | X | | | | | | 600. | NONE | NONE |
| (14) DOMINIQUE MUNROE, MS-4 BOARD MEMBER\STUDENT 2022 | 1.00 NONE | X | | | | | | 550. | NONE | NONE |

Form **990** (2021)

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) JUSTIN BARTOS, MD BOARD MEMBER\PHYSICIAN 2022 | 1.00 NONE | X | | | | | | 450. | NONE | NONE |
| (16) MARCI NIELSEN, PHD, MPH BOARD MEMBER\PUBLIC 2023 | 1.00 NONE | X | | | | | | 450. | NONE | NONE |
| (17) RENEE MARKOVICH, MD BOARD MEMBER\PHYSICIAN 2023 | 1.00 NONE | X | | | | | | 450. | NONE | NONE |
| (18) JAY-SHEREE ALLEN, MD BOARD MEMBER\PHYSICIAN 2022 | 1.00 NONE | X | | | | | | 450. | NONE | NONE |
| (19) ANGELA BRICCO BOARD MEMBER\CORPORATE 2021 | 1.00 NONE | X | | | | | | 450. | NONE | NONE |
| (20) AMY ARTICOLO BOARD MEMBER\CORPORATE 2022 | 1.00 NONE | X | | | | | | 300. | NONE | NONE |
| (21) KEITH CALLAHAN, MD, PC BOARD MEMBER\PHYSICIAN 2023 | 1.00 NONE | X | | | | | | 150. | NONE | NONE |
| (22) MARTIN DEVINE, MD, FAAFP BOARD MEMBER\TREASURER | 2.00 1.00 | X | | X | | | | NONE | NONE | NONE |
| (23) NADA MLINAREVICH, MPH, BSN BOARD MEMBER\CORPORATE 2023 | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (24) KNITASHA WASHINGTON, DHA, FAC BOARD MEMBER\PUBLIC 2022 | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (25) REBECCA JAFFE, MD, MPH, FAAFP BOARD MEMBER\PRESIDENT | 8.00 1.00 | X | | X | | | | NONE | NONE | NONE |
| 1b Sub-total | | | | | | | | 7,525. | 1,202,542. | 246,283. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | NONE | NONE | NONE |
| d Total (add lines 1b and 1c) | | | | | | | | 7,525. | 1,202,542. | 246,283. |

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 ► NONE

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | |
| 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 | | |

Section B. Independent Contractors

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

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

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

Part VIII Statement of 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 | 35,099. | | | |
| | d | Related organizations | 1d | 101,359. | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 2,668,145. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 33,353. | | | |
| | h | Total. Add lines 1a-1f | | 2,804,603. | | | |
| | Program Service Revenue | | | | Business Code | | |
| 2a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | NONE | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,460,619. | | | 2,460,619. |
| | 4 | Income from investment of tax-exempt bond proceeds . | | NONE | | | |
| | 5 | Royalties | | NONE | | | |
| | 6a | Gross rents | 6a | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | NONE | NONE | | |
| | d | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Real 945,377. | (ii) Personal | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | 818,502. | | | |
| | c | Gain or (loss) | 7c | 126,875. | | | |
| | d | Net gain or (loss) | | 126,875. | | | 126,875. |
| | 8a | Gross income from fundraising events (not including \$ 35,099. of contributions reported on line 1c). See Part IV, line 18 | 8a | 35,347. | | | |
| | b | Less: direct expenses | 8b | 35,347. | | | |
| | c | Net income or (loss) from fundraising events | | NONE | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | NONE | | | |
| | b | Less: direct expenses | 9b | NONE | | | |
| | c | Net income or (loss) from gaming activities | | NONE | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | NONE | | | | |
| b | Less: cost of goods sold | 10b | NONE | | | | |
| c | Net income or (loss) from sales of inventory | | NONE | | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | NONE | | | |
| 12 | Total revenue. See instructions | | | 5,392,097. | | | 2,587,494. |

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 | 2,031,706. | 2,031,706. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 122,940. | 122,940. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,825. | 2,050. | 2,500. | 2,275. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | NONE | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | NONE | | | |
| 9 Other employee benefits | NONE | | | |
| 10 Payroll taxes | NONE | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 2,628. | 2,628. | | |
| c Accounting | 27,128. | | 27,128. | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | 38,319. | 13,901. | 24,418. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | SEE SCHE O 1,737,857. | 794,131. | 381,642. | 562,084. |
| 12 Advertising and promotion | 30,490. | -50. | | 30,540. |
| 13 Office expenses | 4,638. | 3,048. | 828. | 762. |
| 14 Information technology. | 54,466. | 3,855. | 2,246. | 48,365. |
| 15 Royalties. | NONE | | | |
| 16 Occupancy | NONE | | | |
| 17 Travel | 5,456. | 4,622. | 726. | 108. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 25,173. | -716. | -2,105. | 27,994. |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates. | NONE | | | |
| 22 Depreciation, depletion, and amortization | 38,325. | 38,325. | | |
| 23 Insurance | 10,900. | 3,423. | 7,477. | |
| 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 | 43,439. | 1,145. | 1,074. | 41,220. |
| b DESIGN AND PRINTING | 53,448. | 7,954. | 2,869. | 42,625. |
| c OTHER PROGRAM EXPENSES | 33,433. | 7,377. | 11,184. | 14,872. |
| d BANK CHARGES | 17,267. | | 3,878. | 13,389. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,284,438. | 3,036,339. | 463,865. | 784,234. |
| 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) | | | | |

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 | 2,066,593. | 1 | 1,839,670. |
| | 2 Savings and temporary cash investments. | NONE | 2 | NONE |
| | 3 Pledges and grants receivable, net | 141,925. | 3 | 148,188. |
| | 4 Accounts receivable, net | 153,509. | 4 | 119,624. |
| | 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 | NONE | 5 | NONE |
| | 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). | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | 63,564. | 9 | 73,067. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 452,809. | | |
| | b Less: accumulated depreciation. | 10b 311,628. | | |
| | 11 Investments - publicly traded securities. | 179,506. | 10c | 141,181. |
| | 12 Investments - other securities. See Part IV, line 11. | 17,854,817. | 11 | 20,456,999. |
| | 13 Investments - program-related. See Part IV, line 11. | 1,613,251. | 12 | 2,428,701. |
| | 14 Intangible assets | NONE | 13 | NONE |
| | 15 Other assets. See Part IV, line 11 | NONE | 14 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | NONE | 15 | NONE | |
| 17 Accounts payable and accrued expenses. | 22,073,165. | 16 | 25,207,430. | |
| 18 Grants payable | 578,022. | 17 | 328,401. | |
| 19 Deferred revenue | 75,718. | 18 | 87,891. | |
| 20 Tax-exempt bond liabilities | NONE | 19 | NONE | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 20 | NONE | |
| 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 | NONE | 21 | NONE | |
| 23 Secured mortgages and notes payable to unrelated third parties | NONE | 22 | NONE | |
| 24 Unsecured notes and loans payable to unrelated third parties. | NONE | 23 | NONE | |
| 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 | 180,645. | 24 | 188,057. | |
| 26 Total liabilities. Add lines 17 through 25. | 834,385. | 25 | 604,349. | |
| 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| 28 Net assets without donor restrictions | 15,604,481. | 26 | 18,234,040. | |
| 29 Net assets with donor restrictions. | 5,634,299. | 27 | 6,369,041. | |
| 30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 31 Capital stock or trust principal, or current funds | | 28 | | |
| 32 Paid-in or capital surplus, or land, building, or equipment fund | | 29 | | |
| 33 Retained earnings, endowment, accumulated income, or other funds | | 30 | | |
| 34 Total net assets or fund balances | 21,238,780. | 31 | 24,603,081. | |
| 35 Total liabilities and net assets/fund balances. | 22,073,165. | 32 | 25,207,430. | |

Form **990** (2021)

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 | 5,392,097. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,284,438. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,107,659. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 21,238,780. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,162,739. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | 93,903. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 24,603,081. |

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 on 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** (2021)

SCHEDULE A
(Form 990)

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

2021

**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).)
- 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 on 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) 2021

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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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,681,391. | 1,746,095. | 2,322,183. | 4,239,743. | 2,804,603. | 13,794,015. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 Total. Add lines 1 through 3. | 2,681,391. | 1,746,095. | 2,322,183. | 4,239,743. | 2,804,603. | 13,794,015. |
| 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). | | | | | | 3,035,485. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 10,758,530. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 2,681,391. | 1,746,095. | 2,322,183. | 4,239,743. | 2,804,603. | 13,794,015. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,402,418. | 1,589,344. | 1,919,059. | 1,731,784. | 2,460,619. | 9,103,224. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | NONE |
| 11 Total support. Add lines 7 through 10 | | | | | | 22,897,239. |
| 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 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 46.99 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 48.42 % |
| 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |

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. | | |

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). | | |

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 on 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. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 on 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. | | | |

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>): | | | |
| 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) 2021

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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| e | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| c | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

Schedule A (Form 990) 2021

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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), 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), 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).

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 | | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 101,359. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS 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 |
|------------|-----------------------------------|----------------------------|--|
| 7 | | \$ 60,000. | 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.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

2021

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.

| | Held at the End 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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) 2021

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 | 15,383,655. | 14,569,686. | 12,464,940. | 13,566,013. | 12,360,158. |
| b Contributions | 158,450. | 320,964. | 107,622. | 158,273. | 250,279. |
| c Net investment earnings, gains, and losses | 2,870,267. | 1,082,670. | 2,536,493. | -703,571. | 1,910,426. |
| d Grants or scholarships | 34,650. | 84,379. | 13,905. | 18,917. | 414,700. |
| e Other expenditures for facilities and programs | 579,302. | 479,186. | 489,328. | 459,110. | 463,481. |
| f Administrative expenses | 32,022. | 26,100. | 36,136. | 77,748. | 76,669. |
| g End of year balance | 17,766,398. | 15,383,655. | 14,569,686. | 12,464,940. | 13,566,013. |

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

a Board designated or quasi-endowment ▶ 71.8764 %

b Permanent endowment ▶ 16.3496 %

c Term endowment ▶ 11.7740 %

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

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

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

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 | | 452,809. | 311,628. | 141,181. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 141,181. |

Schedule D (Form 990) 2021

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 | 1,707,154. | COST |
| (B) ALTERNATIVE INVESTMENTS | 721,547. | FMV |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 2,428,701. | |

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 | 188,057. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 188,057. |

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 | 10,036,080. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,162,739. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,944,563. |
| e | Add lines 2a through 2d | 2e | 6,107,302. |
| 3 | Subtract line 2e from line 1 | 3 | 3,928,778. |
| 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 | 38,319. |
| b | Other (Describe in Part XIII.) | 4b | 1,425,000. |
| c | Add lines 4a and 4b | 4c | 1,463,319. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 5,392,097. |

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 | 6,671,779. |
| 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 | 2,425,660. |
| e | Add lines 2a through 2d | 2e | 2,425,660. |
| 3 | Subtract line 2e from line 1 | 3 | 4,246,119. |
| 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 | 38,319. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 38,319. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 4,284,438. |

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 SUPPLEMENTAL PAGE

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 | \$3,944,563 |
|------------------------------|-------------|

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 4B

DIVIDEND RECEIVED FROM RELATED ORGANIZATION \$1,425,000

SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATION EXPENSE \$2,425,660

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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 | | | |
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| 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 (add col. (a) through col. (c)) |
|---|---|------------------------------|-----------------------------|------------------------|--|
| | | MINI AUCTION (event type) | SWEEPSTAKES (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 67,436. | 3,010. | | 70,446. |
| | 2 Less: Contributions | 32,658. | 2,441. | | 35,099. |
| | 3 Gross income (line 1 minus line 2). | 34,778. | 569. | | 35,347. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 34,778. | 569. | | 35,347. |
| | 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) ▶ | | | | 35,347. |
| 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)) |
|--|---|---|---|---|
| 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)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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) UNIVERSITY OF WASHINGTON PO BOX 354696 SEATTLE, WA 98195 | 91-6001537 | GOVT/EDUC | 40,000. | | | | FAM MED DISCOVERS |
| (2) BATTISH MEDICAL SERVICES PO BOX 837 LELAND, NC 28451 | 20-0740201 | LLC S CORP | 40,000. | | | | FAM MED DISCOVERS |
| (3) VOLUNTEERS IN MEDICINE OF NEW HAMPSHIRE 49 MEADOW ROAD NEWFIELDS, NH 03856 | 86-2555218 | 501(C) (3) | 21,609. | | | | FAMILY MEDICINE CARE |
| (4) GRANDVIEW FOUNDATION 405 W GRAND AVE DAYTON, OH 45405 | 31-1649591 | 501(C) (3) | 14,500. | | | | FAMILY MEDICINE CARE |
| (5) COMMUNITY HEALTH OF SOUTH FLORIDA, INC. 10300 SW 216TH ST CUTLER BAY, FL 33190 | 59-1372690 | 501(C) (3) | 14,500. | | | | FAMILY MEDICINE CARE |
| (6) FAMILY HEALTH FOUNDATION OF ILLINOIS 747 E. BOUGHTON ROAD STE 253 | 36-3453953 | 501(C) (3) | 10,000. | | | | FMPC & SEMG GRANTS |
| (7) HOPE WITHIN MINISTRIES 4748 EAST HARRISBURG PIKE | 16-1643004 | 501(C) (3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (8) THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 11000 ATRIUM WAY MT. LAUREL, NJ 08054 | 11-2673595 | 501(C) (3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (9) COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21742 | 52-1772594 | 501(C) (3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (10) C.A.R.E CLINIC 906 COLLEGE AVENUE, DOOR #1 | 27-0540451 | 501(C) (3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (11) PLACE OF HOPE, INC. 5405 JONESBORO ROAD LAKE CITY, GA 30260 | 58-2656313 | 501(C) (3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (12) HENDERSON COUNTY FREE MEDICAL CLINIC, INC. 841 CASE STREET HENDERSON, NC 28792 | 55-2212024 | 501(C) (3) | 10,000. | | | | 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) 2021

2021

Open to Public
Inspection

Employer identification number

44-6013671

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) MISSION FRANKFORT CLINIC 201 SAINT CLAIR STREET FRANKFORT, KY 40601 | 41-2199345 | 501(C)(3) | 9,990. | | | | FAMILY MEDICINE CARE |
| (2) JACKSON FREE CLINIC PO BOX 4892 JACKSON, MS 39296 | 64-0945749 | 501(C)(3) | 9,949. | | | | FAMILY MEDICINE CARE |
| (3) VOLUNTEERS IN MEDICINE CLINIC OF THE CASCAD 2300 NE NEFF ROAD BEND, OR 97701 | 93-1327847 | 501(C)(3) | 9,913. | | | | FAMILY MEDICINE CARE |
| (4) UHI COMMUNITY CARE FREE CLINIC 18441 NW 2ND AVENUE, STE 220 | 65-0268904 | 501(C)(3) | 9,675. | | | | FAMILY MEDICINE CARE |
| (5) STONY BROOK HOME 101 NICOLLS RD STONY BROOK, NY 11794 | 11-6077945 | 501(C)(3) | 7,940. | | | | FAMILY MEDICINE CARE |
| (6) OHIO ACADEMY OF FAMILY PHYSICIANS 4075 N HIGH ST COLUMBUS, OH 43214 | 31-4398155 | 501(C)(6) | 7,750. | | | | FMPC GRANTS |
| (7) FRIENDSHIP MEDICAL CLINIC, INC. 1396 HWY 544 CONWAY, SC 29526 | 30-0127648 | 501(C)(3) | 5,275. | | | | FAMILY MEDICINE CARE |
| (8) NYU WISH CLINIC 550 FIRST AVE NEW YORK, NY 10016 | 13-3971298 | 501(C)(3) | 9,980. | | | | FAMILY MEDICINE CARE |
| (9) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD | 95-3949646 | 501(C)(3) | 13,000. | | | | DISASTER RELIEF |
| (10) HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE, SUITE 300 | 48-1108359 | 501(C)(3) | 13,000. | | | | DISASTER RELIEF |
| (11) FAMILY HEALTH MINISTRIES 9323349 PO BOX 16783 CHAPEL HILL, NC 27516 | 30-0127648 | 501(C)(3) | 10,000. | | | | FAMILY MEDICINE CARE |
| (12) AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY | 44-0536051 | 501(C)(6) | 1,724,625. | | | | VAR PROGRAM SUPPORT |

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) 2021

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 | 409 | 119,690. | | | |
| 2 CHFM SCHOLARSHIPS | 1 | 1,500. | | | |
| 3 GLOBAL HEALTH SUMMIT SCHOLARSHIPS | 7 | 1,750. | | | |
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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

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.

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

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

Part III **Grants and Other Assistance to 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.

INTENT WHICH SERVES AS VERIFICATION OF MATCHING FUNDS TO SUPPORT CLINICAL

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

GRANTS ARE AWARDED IN APRIL 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

GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS.

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.

APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMPC REVIEW COMMITTEE WHICH

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

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

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

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.

PERIOD REQUIRES A WRITTEN REQUEST NO LATER THAN 30 DAYS PRIOR TO THE

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

FOUNDATION.

FMPC CHAPTER ENGAGEMENT GRANT AWARDS -- THIS NEW PILOT PROJECT 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 CONSTITUENT CHAPTER

OR CHAPTER FOUNDATION WITH THE OPPORTUNITY FOR \$750 TO SHOWCASE A PROGRAM

OR INITIATIVE THAT PROMOTES ENGAGEMENT IN ONE OF THE THREE FMPC CORE

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.

AREAS OF FOCUS: STUDENTS & RESIDENTS, MEMBER OUTREACH OR PUBLIC HEALTH.

WHEN THE PROJECTS ARE COMPLETE, EACH CONSTITUENT CHAPTER OR CHAPTER

FOUNDATION 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

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.

VOLUNTEER THEIR TIME AND TALENTS. GRANT AWARDS ARE FOR AS MUCH AS \$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

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.

FREE CLINIC (OR OTHER HEALTH CARE FACILITY) WHERE THE SERVICE AWARD IS IMPLEMENTED; \$1,000 TRAVEL AWARD FOR THE RESIDENT TO ATTEND THE NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO PRESENT THE RESULTS OF THE PROJECT; AND A \$500 STIPEND TO THE RESIDENCY PROGRAM TO CELEBRATE AND RECOGNIZE THE RESIDENT AWARD RECIPIENT. FOLLOWING ANNOUNCEMENT OF THE AWARD THE RESIDENCY PROGRAM AND HEALTH CLINIC ARE SENT THE AWARD PAYMENT & 990 INFORMATION FORM FOR COMPLETION. THE FUNDS ARE DISTRIBUTED IN INSTALLMENTS BEGINNING AFTER RECEIPT OF THIS INFORMATION AND AS REPORTING REQUIREMENTS ARE MET.

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

FAMILY MEDICINE DISCOVERS SCHOLARSHIPS/GRANTS -

FAMILY MEDICINE DISCOVERS OFFICIALLY DEBUTED IN JANUARY 2019, WITH THE 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.

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
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| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

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 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

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

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

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

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

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

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.

AS OF JANUARY 5TH, 2022, THE THIRD PROGRAM CYCLE ("CYCLE 3") APPLICATION PROCESS IS UNDERWAY. DURING THE PREVIOUS TWO CYCLES, THE WORK GROUP SELECTED AND NOMINATED TWO FMD RAPSDI SCHOLARS PER CYCLE, WHICH WERE

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
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| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

SUBSEQUENTLY APPROVED BY THE AAFP FOUNDATION'S BOARD OF TRUSTEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

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) 2021

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 and/or 1099-NEC 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 | | | | | |
| HEATHER PALMER, MBA, M | | | | | | | | |
| 1 EXECUTIVE DIRECTOR | (i) NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) 250,879. | 10,000. | 1,242. | 1,242. | 49,709. | 28,640. | 340,470. | NONE |
| R SHAWN MARTIN | (i) NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 BOARD MEMBER\EX-OFFIC | (ii) 663,154. | 80,000. | 30,583. | 30,583. | 90,200. | 2,601. | 866,538. | 26,739. |
| BRENDA GASTON | (i) NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 3 ASSISTANT CONTROLLER | (ii) 112,901. | 10,000. | 253. | 253. | 36,311. | 38,822. | 198,287. | NONE |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2021

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 4B

| | REPORTABLE | DEFERRED |
|----------------|------------|-----------|
| R SHAWN MARTIN | \$ 26,739 | \$ 35,900 |

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS' SUPPLEMENTAL RETIREMENT PLAN

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.

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

2021

**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 | 6 | 33,353. | 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) 2021

JSA

1E1298 1.000

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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

Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

FORM 990, PART III, LINE 4A

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

DURING 2021, AWARDS AND GRANTS IMPACTED 31 STATE AFP CHAPTERS, 81
ORGANIZATIONS, NEARLY 1,500 RESIDENTS AND MEDICAL STUDENTS, 234 HEALTH
PROFESSIONALS, AND AN AVERAGE OF 40 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 2021, 364 SCHOLARSHIPS WERE PROVIDED FOR FAMILY MEDICINE RESIDENTS AND
MEDICAL STUDENTS TO ATTEND NATIONAL CONFERENCE VIRTUALLY, WITH THE GOAL
OF INFLUENCING STUDENTS' AND RESIDENTS' COMMITMENT TO THE SPECIALTY OF
FAMILY MEDICINE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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**Open to Public
Inspection**

Employer identification number

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 \$1.7 MILLION TO FREE HEALTH CLINICS IN 32 STATES AND ONE US TERRITORY. IN 2021, FUNDING FOR FMC USA WAS INCREASED FROM \$75,000 TO \$150,000, AND 15 CLINICS RECEIVED FUNDING. THE GRANTS PROVIDE GRANTS TO NEW FREE HEALTH CLINICS AND EXISTING FREE HEALTH CLINICS FOR DURABLE MEDICAL INSTRUMENTS AND EQUIPMENT, TARGETED TO COMMUNITIES WITH HIGH NEED AND SOCIOECONOMIC 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

MUCH-NEEDED PPE.

IN 2021 THE FMC USA RESIDENT SERVICE AWARD PROGRAM SUPPORTED TWO
PROJECTS: 1) COMMUNITY HEALTH WEIGHT LOSS INITIATIVE TO IMPROVE
PATIENT-PROVIDER ENGAGEMENT AROUND HEALTHY LIFESTYLES BY OFFERING
PRACTICAL AND MODIFIABLE HEALTHY LIVING OPPORTUNITIES, AND 2) FOOD IS MY
MEDICINE (EATING RIGHT TO FIX WHAT'S WRONG) TO INTRODUCE THE COMMUNITY TO
THE CONCEPTS OF HEALTHY EATING TO IMPROVE 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. ACTING AS THE SCRIBE FOR THE SPECIALTY, THE CENTER
FOR THE HISTORY OF FAMILY MEDICINE (CHFM) IS DEDICATED TO SERVING AS THE
COLLECTIVE MEMORY AS WELL AS INFORMING THE FUTURE.

IN 2021, THE CENTER: 1) HELD THE FIRST ANNUAL CHFM STUDENT AND RESIDENT
ESSAY CONTEST TO ENCOURAGE FUTURE PHYSICIANS TO ENGAGE WITH THE
SPECIALTY'S HISTORY AS WELL AS USE THE LESSONS LEARNED TO IMPROVE FUTURE
HEALTH CARE; 2) CREATED A SOUNDCLOUD ACCOUNT TO MAKE IT EASY TO ACCESS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

ALL OF THE CENTER'S DIGITIZED ORAL HISTORIES, INCLUDING STORIES ABOUT
COVID-19 AND ONE-ON-ONE CHATS WITH FAMILY PHYSICIAN LEADERS 3) HOSTED A
TOWN HALL WITH THE AAFP TO VIEW AND DISCUSS THE DOCUMENTARY, "POWER TO
HEAL," WHICH LOOKS BACK AT THE CHALLENGING IMPLEMENTATION OF A NEW
PROGRAM, MEDICARE, IN THE 1960S. UNDER THE GUIDANCE OF PRESIDENT LYNDON
B. JOHNSON, THE FEDERAL GOVERNMENT USED MEDICARE PAYMENTS AS THE
INCENTIVE TO VIRTUALLY END SEGREGATION IN HOSPITALS THROUGHOUT THE SOUTH
AND THE ENTIRE COUNTRY, AND 4) BENEFITED FROM 329 HOURS OF VOLUNTEER
TIME.

[HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/CENTER-HISTORY-FAMILY-MEDICINE](https://www.aafpfoundation.org/our-programs/center-history-family-medicine)
.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 2021, TWO SCHOLARS OF THE FMD RAPSDI PROGRAM WRAPPED UP THEIR
RESPECTIVE PROJECTS: 1) EXPLORING THE POTENTIAL FOR PRIMARY CARE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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PRACTICES TO USE AN ESTABLISHED SURVEY TOOL TO PREDICT INCIDENTS OF GUN
VIOLENCE AMONG ADOLESCENTS AND YOUNG ADULTS IN A NON-URBAN SETTING., AND
2) EXAMINING THE FEASIBILITY OF IMPLEMENTING AND EVALUATING EAR
ACUPUNCTURE FOR CHRONIC PAIN MANAGEMENT IN A GROUP SETTING, A STEP THAT
COULD REDUCE PATIENTS' LENGTHY WAIT FOR AN APPOINTMENT.

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

FORM 990, PART VI, SECTION A, LINE 2

REBECCA JAFFE, DAVID SMITH, TOMAS OWENS, MARTIN DEVINE, DENNIS GINGRICH,
ANDREW CARROLL, MARY CAMPAGNOLO, R. SHAWN MARTIN, DOUGLAS HENLEY,
CHRISTINA PEDRO, 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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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2021

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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 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

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Inspection**

Employer identification number

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 | \$ (1,425,000) |
| EQUITY IN SUBSIDIARY EARNINGS | \$ 1,518,903 |
| | ----- |
| TOTAL OTHER CHANGES IN NET ASSETS | \$ 93,903 |
| | ===== |

Name of the organization

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

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,

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

AMERICAN ACADEMY OF FAMILY PHYS.
11400 TOMAHAWK CREEK PARKWAY
LEAWOOD, KS 66211

ADMIN AND MANAGEMENT

1,657,886.

Name of the organization

Employer identification number

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

44-6013671

FORM 990, PART IX - OTHER FEES

=====

| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|---------------------|----------------------|--------------------------------|----------------------------------|--------------------------------|
| ----- | ----- | ----- | ----- | ----- |
| CONTRACTED SERVICES | 1,663,959. | 721,566. | 380,309. | 562,084. |
| OTHER INDIRECT FEES | 73,898. | 72,565. | 1,333. | NONE |
| TOTALS | ----- | ----- | ----- | ----- |
| | 1,737,857. | 794,131. | 381,642. | 562,084. |
| | ===== | ===== | ===== | ===== |

**SCHEDULER R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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

2021

**Open to Public
Inspection**

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) 2021

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) AAFF POOLED INV FD 43-1695097 11400 TOMAHAWK CREEK PARKWAY L | ASSET MANAGEMENT | MO | AAFF | 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) AAFF INSURANCE SERVICES 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 | INSURANCE ADMIN | KS | AAFF FDN | C CORP | 3,974,690. | 4,580,208,100.0000 | | | X |
| (2) CHARITABLE REMAINDER TRUSTS (2) | CHARITABLE TRUST | KS | N/A | | | | | | X |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Schedule R (Form 990) 2021

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.**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?

| | Yes | No |
|--|-----------|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | 1b | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | 1c | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | 1d | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | 1e | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | 1f | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | 1g | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | 1h | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | 1i | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | 1o | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | 1p | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | 1q | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | 1r | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | 1s | <input checked="" type="checkbox"/> |

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 | 1,425,000. | CASH |
| (2) | AMERICAN ACADEMY OF FAMILY PHYSICIANS | C | 101,359. | CASH |
| (3) | AMERICAN ACADEMY OF FAMILY PHYSICIANS | B | 1,724,625. | CASH |
| (4) | AMERICAN ACADEMY OF FAMILY PHYSICIANS | P | 1,657,886. | 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) 2021