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 Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20_____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

EIN or SSN
44-6013671

Name and title of officer or person subject to tax
ANNETTE ROUTON, INTERIM 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 ☑	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	**1b**	4,364,506
2a	**Form 990-EZ** check here ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here ☐	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**	
9a	**Form 5330** check here ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here ☐	**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 2025 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 MAZARS, LLP to enter my PIN 1 3 6 7 1 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2025 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 2025 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 _____ Date 10/29/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 7 0 0 8 4 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 KRISTIN TYNON Date 10/29/2026

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

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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.

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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): 11400 TOMAHAWK CREEK PKWY

Room/suite: 440

City or town, state or province, country, and ZIP or foreign postal code: LEAWOOD, KS 66211

D Employer identification number: 44-6013671

E Telephone number: (913) 906-6000

G Gross receipts $: 5,798,774

F Name and address of principal officer: HEATHER PALMER
SAME AS C ABOVE

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.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AAFPFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1957

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	176
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,890,118	2,183,379
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,366,931	2,183,494
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1,714)	(2,367)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,255,335	4,364,506

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,640,012	889,720
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,050	21,750
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 932,961		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,566,942	2,591,804
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,229,004	3,503,274
19	Revenue less expenses. Subtract line 18 from line 12	1,026,331	861,232

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,348,000	32,107,556
21	Total liabilities (Part X, line 26)	1,215,477	1,013,085
22	Net assets or fund balances. Subtract line 21 from line 20	27,132,523	31,094,471

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

ANNETTE ROUTON, INTERIM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTIN TYNON	KRISTIN TYNON	10/29/2026		P01063388

Firm's name: FORVIS MAZARS, LLP — Firm's EIN: 44-0160260

Firm's address: 1248 O STREET STE 1040, LINCOLN, NE 68508-1461 — Phone no.: (402) 473-7600

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 $ 832,489 including grants of $ 440,320) (Revenue $)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ 417,514 including grants of $ 189,000) (Revenue $)

(SEE ON SCHEDULE O)

4c (Code:) (Expenses $ 309,006 including grants of $ 166,600) (Revenue $)

(SEE ON SCHEDULE O)

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

(Expenses $ 444,421 including grants of $ 93,800) (Revenue $)

4e Total program service expenses 2,003,430

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Part IV Checklist of Required Schedules

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

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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? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✔	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		✔
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
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? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	✔	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
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	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	333		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
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		✔
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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
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		✔
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	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
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		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
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		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	21		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔	
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
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		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, (CONTINUED ON 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, (913) 906-6000

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

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

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

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

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

• List all of the organization's **current** key employees, if any. See 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, box 6 of 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) JAY-SHEREE AKAMBASE, MD	8.0									
BOARD MEMBER\PRESIDENT	1.0	✔		✔				4,050	900	0
(2) RENEE MARKOVICH, MD	8.0									
BOARD MEMBER\PRESIDENT ELECT	1.0	✔		✔				3,825	900	0
(3) ANDREA GAVIN, MD	8.0									
BOARD MEMBER\VICE PRESIDENT	1.0	✔		✔				1,800	900	0
(4) JUSTIN BARTOS, MD	2.0									
BOARD MEMBER\TREASURER	1.0	✔		✔				2,775	900	0
(5) HEATHER E. PALMER, MBA	32.0									
EXECUTIVE DIRECTOR	8.0			✔				0	287,664	86,720
(6) KATHY MUELLER, MD	1.0									
BOARD MEMBER\ACADEMY 2026	15.0	✔						0	21,500	0
(7) ELISABETH FOWLIE MOCK, MD	1.0									
BOARD MEMBER\ACADEMY 2026	15.0	✔						0	22,484	0
(8) KEITH CALLAHAN, MD	1.0									
BOARD MEMBER\PHYSICIAN 2026	0.0	✔						1,050	0	0
(9) EDDIE RICHARDSON, MD	1.0									
BOARD MEMBER\PHYSICIAN 2026	0.0	✔						0	0	0
(10) OLUSUNMISOLA OYESIKU, MD	1.0									
BOARD MEMBER\PHYSICIAN 2027	0.0	✔						1,050	0	0
(11) KRISTINA LAGUERRE, MD	1.0									
BOARD MEMBER\PHYSICIAN 2027	0.0	✔						600	2,350	0
(12) CHRISTOPHER WATSON	1.0									
BOARD MEMBER\PHYSICIAN 2025	0.0	✔						1,350	0	0
(13) MELISSA STEPHENS, MD	1.0									
BOARD MEMBER/PHYSICIAN 2025	0.0	✔						1,050	0	0
(14) NADA MLINAREVICH, MPH	1.0									
BOARD MEMBER\CORPORATE 2026	0.0	✔						0	0	0

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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/ 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			
(15) CEZARY WOJCIK, MD	1.0									
BOARD MEMBER/CORPORATE 2027	0.0	✔						0	0	0
(16) ASHESH GANDHI	1.0									
BOARD MEMBER\CORPORATE 2025	0.0	✔						0	0	0
(17) MARCI NIELSEN, PHD	1.0									
BOARD MEMBER\PUBLIC 2026	0.0	✔						900	0	0
(18) JAKE SANGSTER, MHA	1.0									
BOARD MEMBER\PUBLIC 2027	0.0	✔						300	0	0
(19) PATRICK FALVEY, PHD	1.0									
BOARD MEMBER\PUBLIC 2025	0.0	✔						0	0	0
(20) R SHAWN MARTIN	1.0									
BOARD MEMBER\EX-OFFICIO	39.0	✔						0	846,169	59,442
(21) SAMANTHA LEADBETTER, MD	1.0									
BOARD MEMBER\RESIDENT 2026	0.0	✔						150	300	0
(22) ANDREA AUGUSTINE, MS-3	1.0									
BOARD MEMBER\STUDENT 2026	0.0	✔						1,200	0	0
(23) SARAH SAMS, MD	1.0									
BOARD MEMBER-RESIGNED OCT 2025	15.0	✔						0	18,500	0
(24) TERESA LOVINS, MD	1.0									
BOARD MEMBER-RESIGNED OCT 2025	15.0	✔						0	7,250	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								20,100	1,209,817	146,162
c Total from continuation sheets to Part VII, Section A								1,650	133,834	81,841
d Total (add lines 1b and 1c)								21,750	1,343,651	228,003

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

		Yes	No
3	Did the organization list any **former** officer, director, 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
AMERICAN ACADEMY OF FAMILY PHYSICIANS, 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211	ADMIN AND MANAGEMENT	2,020,532
DARTNET INSTITUTE, 12635 MONTVIEW BLVD, AURORA, CO 80045	PROJECT MANAGEMENT	172,197

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

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Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	75,168				
	d	Related organizations	1d	270,521				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,837,690				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			2,183,379			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,112,939			2,112,939
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	1,428,279 / 0				
	b	Less: cost or other basis and sales expenses	7b	1,357,724 / 0				
	c	Gain or (loss)	7c	70,555 / 0				
	d	Net gain or (loss)			70,555			70,555
	8a	Gross income from fundraising events (not including $ 75,168 of contributions reported on line 1c). See Part IV, line 18	8a	73,277				
	b	Less: direct expenses	8b	76,544				
	c	Net income or (loss) from fundraising events			(3,267)			(3,267)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	MISCELLANEOUS REVENUE	900099		900	900		
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			900			
	12	**Total revenue.** See instructions			4,364,506	900	0	2,180,227

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Part IX Statement of Functional Expenses

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

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

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	639,420	639,420		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	250,300	250,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	21,750	3,750	14,925	3,075
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	1,043			1,043
c Accounting	37,275		37,275	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,813	17,419	31,394	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,955,963	950,485	389,879	615,599
12 Advertising and promotion	24,767	7,328	3,573	13,866
13 Office expenses	2,287	1,212	590	485
14 Information technology	92,590	9,598	3,667	79,325
15 Royalties				
16 Occupancy				
17 Travel	95,612	42,826	39,382	13,404
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	146,948	31,526	26,927	88,495
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,106	29,106		
23 Insurance	14,123	5,155	8,968	
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 DESIGN AND PRINTING	87,028	12,990	3,099	70,939
b OTHER PROGRAM EXPENSE	24,810	1,635	6,761	16,414
c BANK CHARGES	15,950			15,950
d MAILING SERVICES AND POSTAGE	15,489	680	443	14,366
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	3,503,274	2,003,430	566,883	932,961
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,543,300	1	2,475,160
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		232,642	3	231,414
	4	Accounts receivable, net		99,874	4	95,254
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		174,734	9	103,726
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 512,020			
	b	Less: accumulated depreciation	10b 459,179	29,363	10c	52,841
	11	Investments—publicly traded securities		22,715,729	11	26,082,912
	12	Investments—other securities. See Part IV, line 11		2,552,358	12	3,066,249
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		28,348,000	16	32,107,556
Liabilities	17	Accounts payable and accrued expenses		962,970	17	678,211
	18	Grants payable		95,021	18	175,020
	19	Deferred revenue		11,415	19	6,520
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		146,071	25	153,334
	26	**Total liabilities.** Add lines 17 through 25		1,215,477	26	1,013,085
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		20,018,197	27	22,624,286
	28	Net assets with donor restrictions		7,114,326	28	8,470,185
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		27,132,523	32	31,094,471
	33	Total liabilities and net assets/fund balances		28,348,000	33	32,107,556

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,364,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,503,274
3	Revenue less expenses. Subtract line 2 from line 1	3	861,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,132,523
5	Net unrealized gains (losses) on investments	5	3,020,463
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	80,253
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,094,471

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ 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?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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	3b		

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) KELLY DOUGHERTY BOARD MEMBER-RESIGNED AUG 2025	1.0 1.0	✓						1,650	300	0
(26) BRENDA GASTON ASSISTANT CONTROLLER	10.0 30.0					✓		0	133,534	81,841

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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

2025

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN	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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,804,603	3,629,470	2,533,266	2,890,118	2,183,379	14,040,836
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	2,804,603	3,629,470	2,533,266	2,890,118	2,183,379	14,040,836
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)						2,482,119
6 **Public support.** Subtract line 5 from line 4						11,558,717

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	2,804,603	3,629,470	2,533,266	2,890,118	2,183,379	14,040,836
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,460,619	2,008,752	2,095,797	2,059,718	2,112,939	10,737,825
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	837	0	675	900	2,412
11 **Total support.** Add lines 7 through 10						24,781,073

12 Gross receipts from related activities, etc. (see instructions) **12** 0

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** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 46.64 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . **15** 46.36 %

16a **33 1/3% support test—2025.** 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 . . . . . ☑

b **33 1/3% support test—2024.** 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 . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** 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 . . . . . ☐

b **10%-facts-and-circumstances test—2024.** 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 . . . . . ☐

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 . . . . . ☐

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on 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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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 ☐

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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? *If "Yes," provide detail in* ***Part VI****.*	9b		
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? *If "Yes," provide detail in* ***Part VI****.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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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?	11a		
b	A family member of a person described on line 11a above?	11b		
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****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described 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.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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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 *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	0
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	0
9	Line 7 amount divided by line 8 amount	9	0.00

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2025 from Section D, line 6: $ 0			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.		0	
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			0
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) OTHER INCOME	0	837	0	675	900	2,412
Total	0	837	0	675	900	2,412

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Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number
44-6013671

Organization type (check one):

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

PUBLIC DISCLOSURE COPY

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		$ 232,850	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 270,521	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 92,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number
44-6013671

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

PUBLIC DISCLOSURE COPY

Name of organization: AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number: 44-6013671

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

PUBLIC DISCLOSURE COPY

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ 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 on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 $

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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 in 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	18,261,048	17,008,478	15,403,635	17,766,398	15,383,655
b	Contributions	520,897	285,918	250,887	230,819	158,450
c	Net investment earnings, gains, and losses	2,955,597	1,665,959	2,132,893	(1,859,828)	2,870,267
d	Grants or scholarships	85,379	45,150	81,867	69,750	34,650
e	Other expenditures for facilities and programs	647,638	620,716	667,104	633,011	579,302
f	Administrative expenses	35,068	33,441	29,966	30,993	32,022
g	End of year balance	20,969,457	18,261,048	17,008,478	15,403,635	17,766,398

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

- a Board designated or quasi-endowment 65.46 %
- b Permanent endowment 19.69 %
- c Term endowment 14.85 %

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:

		Yes	No
(i)	Unrelated organizations? 3a(i)		✔
(ii)	Related organizations? 3a(ii)		✔

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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	512,020		459,179	52,841
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				52,841

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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	1,798,782	COST
(B) ALTERNATIVE INVESTMENTS	1,267,467	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	3,066,249	

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, line 13, col. (B))*		

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, line 15, col. (B))*	

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	153,334
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	153,334

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 . ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	9,609,988
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,020,463		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,648,832		
e	Add lines **2a** through **2d**			2e	6,669,295
3	Subtract line **2e** from line **1**			3	2,940,693
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	48,813		
b	Other (Describe in Part XIII.)	4b	1,375,000		
c	Add lines **4a** and **4b**			4c	1,423,813
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,364,506

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	5,648,040
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	2,193,579		
e	Add lines **2a** through **2d**			2e	2,193,579
3	Subtract line **2e** from line **1**			3	3,454,461
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	48,813		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	48,813
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,503,274

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 STATEMENT

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Part XIII

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: RELATED ORGANIZATION REVENUE — **(b)** Amount: 3,648,832
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description: DIVIDEND RECEIVED FROM RELATED ORGANIZATION — **(b)** Amount: 1,375,000
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: RELATED ORGANIZATION EXPENSE — **(b)** Amount: 2,193,579

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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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	- MEDICAL RESEARCH BENEFITING FAMILY MEDICINE THROUGH THE ROBERT GRAHAM CENTER. - SUPPORT OF FAMILY MEDICINE MEDICAL RESIDENTS AND STUDENTS THROUGH SCHOLARSHIPS, GRANT FUNDING AND OTHER OPPORTUNITIES. - GRANTS TO SUPPORT RESEARCH THAT IMPACTS FAMILY PHYSICIAN PATIENT CARE. - SUPPORT OF THE CENTER FOR THE HISTORY OF FAMILY MEDICINE. - SUPPORT FOR PHILANTHROPIC WORK BENEFITING THE HEALTH OF PEOPLE AND COMMUNITIES 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.

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SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
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** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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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 MINI AUCTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	148,445			148,445
	2 Less: Contributions	75,168			75,168
	3 Gross income (line 1 minus line 2)	73,277	0	0	73,277
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	73,277			73,277
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	3,267			3,267
	10 Direct expense summary. Add lines 4 through 9 in column (d)				76,544
	11 Net income summary. Subtract line 10 from line 3, column (d)				(3,267)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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:

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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 _____

15a 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 explanations 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.

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SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	44-0536051	501(C)6	239,360				VAR PROGRAM SUPPORT
(2) OHIO ACADEMY OF FAMILY PHYSICIANS 4075 N HIGH ST, COLUMBUS, OH 43214	31-4398155	501(C)6	5,750				FMCA GRANTS
(3) (SEE STATEMENT)	36-3453953	501(C)6	7,652				FMCA GRANTS,EXTERNSH
(4) IDAHO ACADEMY OF FAMILY PHYSICIANS, INC. 777 N RAYMOND ST SUITE 100, BOISE, ID 83704	23-7014787	501(C)6	7,050				FMCA GRANTS
(5) NORTH DAKOTA AFP FOUNDATION PO BOX 426, HAZEN, ND 58545	45-0403092	501(C)3	5,600				FMCA GRANTS
(6) ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE, WISE, VA 24293	04-3739083	501(C)3	10,000				FAMILY MEDICINE CARE
(7) POCATELLO FREE CLINIC 1001 N. 7TH AVE., STE. 155, POCATELLO, ID 83201	82-0351133	501(C)3	10,000				FAMILY MEDICINE CARE
(8) BREAD OF HEALING CLINIC 1821 N. 16TH ST., MILWAUKEE, WI 53205	81-0669867	501(C)3	10,000				FAMILY MEDICINE CARE
(9) UNIVERSITY OF CINNCINNATI PO BOX 932641, CLEVELAND, OH 44193	31-6000989	GOVT/EDUC INST	5,940				FAMILY MEDICINE CARE
(10) (SEE STATEMENT)	82-2017217	501(C)3	5,644				FAMILY MEDICINE CARE
(11) (SEE STATEMENT)	39-1878606	501(C)3	10,000				FAMILY MEDICINE CARE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18

3 Enter total number of other organizations listed in the line 1 table 9

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	LEADING PHYSICIAN WELLBEING AWARDS	31	38,500			
2	GLOBAL HEALTH SUMMIT SCHOLARSHIPS	4	2,000			
3	CHFM AWARDS	7	10,800			
4	CHFM FELLOWSHIP	2	3,000			
5	DPC SUMMIT SCHOLARSHIP	14	8,400			
6	FAMILY MEDICINE LEADS SCHOLARSHIPS	245	166,600			
7	(SEE STATEMENT)					

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

(SEE STATEMENT)

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Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) CLINIC WITH A HEART, INC. 1701 S 17 STREET, SUITE 4G, LINCOLN, NE 68502	20-2850139	501(C)3	10,000				FAMILY MEDICINE CARE
(13) MIRACLE MAKING MINISTRIES, INC. PO BOX 10044, AUGUSTA, GA 30903	58-2358627	501(C)3	9,610				FAMILY MEDICINE CARE
(14) UNIVERSITY OF PIKEVILLE 147 SYCAMORE STREET, PIKEVILLE, KY 41501	61-0444788	501(C)3	7,336				FAMILY MEDICINE CARE
(15) STREET MEDICINE CLINIC 745 W MOANA LANE, RENO, NV 89509	94-2781749	501(C)3	9,286				FAMILY MEDICINE CARE
(16) UNIVERSITY OF FLORIDA BOARD OF TRUSTEES ATTN: CONTRACTS GRANTS, PO BOX 24736, NEW YORK, NY 10087	59-6002052	GOVT/EDUC INST	9,286				FAMILY MEDICINE CARE
(17) VIRGINIA ACADEMY OF FAMILY PHYSICIANS 1503 SANTA ROSA RD SUITE 207, RICHMOND, VA 23229	54-0542084	501(C)6	7,325				FMCA GRANTS
(18) TEXAS ACADEMY OF FAMILY PHYSICIANS 12012 TECHNOLOGY BLVD STE 200, AUSTIN, TX 78727	74-1109411	501(C)6	7,151				FMCA GRANTS
(19) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE, CLEVELAND, OH 44195	34-0714585	501(C)3	40,000				FAM MED DISCOVERS
(20) CONTRA COSTA REGIONAL HEALTH FOUNDATION 6937 VILLAGE PKWY # 2129, DUBLIN, CA 94568	20-0555977	501(C)3	40,000				FAM MED DISCOVERS
(21) CATHEDRAL FREE CLINIC PO BOX 3271, SAGINAW, MI 48605	92-3246296	501(C)3	24,700				FAMILY MEDICINE CARE
(22) SEEDS OF CHANGE FREE CLINIC, INC. 1435 S. MICKLEY AVE., INDIANAPOLIS, IN 46241	99-2548819	501(C)3	25,000				FAMILY MEDICINE CARE
(23) FULL CIRCLE HEALTH, INC. 777 N RAYMOND ST, BOISE, ID 83704	20-5934739	501(C)3	17,000				FAMILY MEDICINE CARE
(24) MISSISSIPPI DELTA FAMILY MEDICINE RESIDENCY FOUNDATION 300 S WASHINGTON AVE, GREENVILLE, MS 38701	33-3916075	501(C)3	17,000				FAMILY MEDICINE CARE
(25) OHIO AFP FOUNDATION 4075 N HIGH ST., COLUMBUS, OH 43214	31-1191776	501(C)6	5,800				FMCA GRANTS
(26) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD., STE 1500, LOS ANGELES, CA 90025	95-3949646	501(C)3	10,530				DISASTER RELIEF
(27) HEART TO HEART INTERNATIONAL 11550 RENNER BLVD., LENEXA, KS 66219	48-1108359	501(C)3	10,530				DISASTER RELIEF

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Part III Grants and Other Assistance to Individuals in the United States (continued)

(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
(7) FMCA OUTSTANDING PROGRAM AWARD	1	1,000			
(8) LIFESTYLE MEDICINE AWARDS	20	20,000			

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE FOUNDATION ADMINISTERS SEVERAL GRANT AND AWARD PROGRAMS TO ACHIEVE ITS GOALS. BASED ON THE TYPE OF PROGRAM, THE PROCEDURES MAY VARY SLIGHTLY AS FOLLOWS: BOARD-APPROVED AND FISCAL SPONSOR GRANTS - PRIMARILY PROVIDES SUPPORT FOR AAFP PROGRAMS. A LETTER OF AGREEMENT (LOA) IS CREATED BETWEEN THE GRANTEE AND THE FOUNDATION TO SET FORTH THE TERMS AND CONDITIONS FOR RECEIPT OF GRANT FUNDS. A FULLY EXECUTED LOA IS REQUIRED BEFORE ANY FUNDS ARE DISBURSED AND ONE OR MORE FINANCIAL AND PROGRESS REPORTS (DEPENDING ON 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 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 CHAPTER ALLIANCE (FMCA) GRANT AWARDS - PROVIDE GRANTS TO AAFP CONSTITUENT CHAPTERS AND CHAPTER FOUNDATIONS. APPLICATIONS ARE RECEIVED AND REVIEWED BY THE FMCA REVIEW COMMITTEE WHICH IS MADE UP OF THE FMCA STEERING COMMITTEE. EACH APPLICATION IS REVIEWED AND SCORED BY FOUR REVIEWERS, WITH AT LEAST ONE PHYSICIAN REVIEWER. ONCE FINAL APPROVAL IS RECEIVED FROM THE FMCA, 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 FMCA GRANT AWARD AGREEMENT IS CREATED AND SIGNED BY ALL PARTIES. A FINAL REPORT SUMMARIZING PROGRAM IMPLEMENTATION AND FINAL BUDGET IS DUE THE FOLLOWING AUGUST. THE FOUNDATION'S PROGRAM SPECIALIST REVIEWS ALL REPORTS AND FINANCIAL SUBMISSION. ANY EXTENSION OF THE GRANT PERIOD REQUIRES A WRITTEN REQUEST NO LATER THAN 30 DAYS PRIOR TO THE GRANT PERIOD END DATE. ANY AMOUNTS UNSPENT MUST BE REPAID TO THE FOUNDATION. FMCA CHAPTER ENGAGEMENT GRANT AWARDS -- THIS PROJECT IS TO HELP ADDRESS THE DOWNWARD TREND IN FMCA REVENUE, BUILD FMCA BRAND IDENTITY, AND TO INCREASE MEMBER ENGAGEMENT AND PROGRAM AWARENESS ON THE CHAPTER LEVEL. STARTED IN 2020, FMCA PROVIDES 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 FMCA CORE 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 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. FAMILY MEDICINE CARES RESIDENT SERVICE AWARD - LAUNCHED IN 2013, THIS $16,500 COMPETITIVE AWARD PROVIDES AN OPPORTUNITY FOR FIRST-OR SECOND-YEAR FAMILY MEDICINE RESIDENTS TO ADDRESS HEALTH DISPARITIES BY CONDUCTING A PROJECT IN A FREE CLINIC OR SIMILAR VENUE TO ENHANCE THE SERVICES ALREADY OFFERED. THE PROPOSALS ARE REVIEWED AND THE SLATE OF UP TO TWO RECIPIENTS IS RECOMMENDED BY THE MEMBERS OF THE FAMILY MEDICINE CARES WORK GROUP. THE RECOMMENDATION IS THEN SENT TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL. THE $16,500 AWARD CONSISTS OF MULTIPLE ELEMENTS: $10,000 TO THE RESIDENT TO COVER PROGRAM COSTS; $5,000 TO THE FREE CLINIC (OR OTHER HEALTH CARE FACILITY) WHERE THE SERVICE AWARD IS IMPLEMENTED; $1,000 TRAVEL AWARD FOR THE RESIDENT TO ATTEND THE NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO PRESENT THE RESULTS OF THE PROJECT; AND A $500 STIPEND TO THE RESIDENCY PROGRAM TO CELEBRATE AND RECOGNIZE THE RESIDENT AWARD RECIPIENT. FOLLOWING ANNOUNCEMENT OF THE AWARD THE RESIDENCY PROGRAM AND HEALTH CLINIC ARE SENT THE AWARD PAYMENT & 990 INFORMATION FORM FOR COMPLETION. THE FUNDS ARE DISTRIBUTED IN INSTALLMENTS BEGINNING AFTER RECEIPT OF THIS INFORMATION AND AS REPORTING REQUIREMENTS ARE MET. FAMILY MEDICINE 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 DARTNET INSTITUTE 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. FMD RAPSDI SEEKS TO ATTRACT AND SUPPORT PRACTICING FAMILY PHYSICIANS WHO ARE

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Return Reference - Identifier	Explanation
	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 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 DARTNET INSTITUTE MEMBERS' CURRENT PRIORITIES AND INTERESTS. SINCE MAY 2019, DARTNET, 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 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 DARTNET INSTITUTE LEADERSHIP AND EXTERNAL CONTENT OR METHODS EXPERTS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FAMILY HEALTH FOUNDATION OF ILLINOIS 747 E. BOUGHTON ROAD STE 253, BOUGHTON, IL 60440
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BRIDGES COLLABORATIVE CARE CLINIC 3181 SW SAM JACKSON PARK RD., L596, PORTLAND, OR 97239
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HIS HANDS FREE CLINIC ATTN: SHERYL BECKER, 1245 2ND AVE SE, CEDAR RAPIDS, IA 52402

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SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number
44-6013671

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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?	5a		✔
b	Any related organization?	5b		✔
	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?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
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	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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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				
1	HEATHER E. PALMER, MBA EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	285,342	0	2,322	49,836	36,884	374,384	0
2	R SHAWN MARTIN BOARD MEMBER\EX-OFFICIO	(i)	0	0	0	0	0	0	0
		(ii)	726,004	90,000	30,165	54,850	4,592	905,611	27,843
3	BRENDA GASTON ASSISTANT CONTROLLER	(i)	0	0	0	0	0	0	0
		(ii)	133,079	0	455	36,957	44,884	215,375	0
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	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 IS APPROPRIATE FOR THE POSITIONS.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	R SHAWN MARTIN REPORTABLE $23,461 DEFERRED $0 THE AMERICAN ACADEMY OF FAMILY PHYSICIANS' SUPPLEMENTAL RETIREMENT PLAN IS A NON-QUALIFIED PLAN FOR THOSE WHO EXCEED THE IRS MAXIMUM RETIREMENT COMPENSATION. THE INTENT IS TO MATCH THE RETIREMENT CONTRIBUTIONS HAD THE MAXIMUMS NOT BEEN IN PLACE.

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Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number
44-6013671

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	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 2025, AWARDS AND GRANTS SUPPORTED 32 LOCAL HEALTH CARE PROJECTS FROM 23 CHAPTERS/FOUNDATIONS FOCUSED ON STUDENTS AND RESIDENTS, MEMBER OUTREACH, AND PUBLIC HEALTH; RECOGNIZING 18 CHAPTERS/FOUNDATIONS FOR LOCAL PROGRAMS IN THESE PRIORITY AREAS; AND FUNDING 24 ONE-TO-ONE MENTORED RESEARCH OR CLINICAL EXTERNSHIPS FOR MEDICAL STUDENTS IN 10 STATES. AWARDS AND GRANTS ALSO SUPPORTED 85 PHYSICIANS IN A PHYSICIAN WELL-BEING CERTIFICATE PROGRAM; PROVIDED STIPENDS FOR 20 MEDICAL STUDENT AND RESIDENT RESEARCH PRESENTERS IN LIFESTYLE MEDICINE; COMPLETED A NATIONAL GRADUATE MEDICAL EDUCATION RESEARCH INITIATIVE THAT PRODUCED THE GRADUATE MEDICAL EDUCATION IMPACT QUOTIENT (GME-IQ), RESEARCH REPORTS, FINDINGS, AND NATIONAL PRESENTATIONS TO INFORM PHYSICIAN WORKFORCE POLICY; AND SUPPORTED EDUCATIONAL OUTREACH WHICH GENERATED MORE THAN 36 MILLION DIGITAL IMPRESSIONS, AND ENGAGED MORE THAN 25 PARTNER ORGANIZATIONS WORKING TO STRENGTHEN ACCESS TO PRIMARY CARE NATIONWIDE. WWW.AAFPFOUNDATION.ORG
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES $444,421 INCLUDING GRANTS OF $93,800)(REVENUE) CENTER FOR HISTORY OF FAMILY MEDICINE: ESTABLISHED IN 1992, THE CENTER FOR THE HISTORY OF FAMILY MEDICINE (CHFM) CURATES AND HOUSES A LIBRARY OF ARCHIVAL REPOSITORY, AUDIOVISUAL MATERIALS AND ARTIFACTS TO SHARE 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 2025, THE CENTER: 1) HELD THE STUDENT AND RESIDENT ESSAY CONTEST TO ENCOURAGE FUTURE PHYSICIANS TO ENGAGE WITH THE SPECIALTY'S HISTORY TO DIRECT THE FUTURE, AWARDING PRIZES TO 2 ESSAYS: "ACTIVIST ROOTS: HOW THE CARE OF POLITICAL REFUGEES FORGED THE IDENTITY OF FAMILY MEDICINE" AND "HEALING COMMUNITIES BEYOND THE BEDSIDE: FAMILY MEDICINE'S FOUNDATION IN ADVOCACY"; 2) AWARDED THE FELLOWSHIP AWARD FOR A RESEARCH PROJECT USING THE CHFM COLLECTIONS, "HOLISM AND INTEGRATION: HEALING, WELLNESS, AND FAMILY MEDICINE RESOURCES, 1870-2020"; 3) AWARDED AN ORAL HISTORY GRANT TO A PROJECT TITLED "EXPLORING THE FAMILY IN FAMILY MEDICINE," WHICH DOCUMENTS THE IMPACT FAMILY DOCTORS HAVE ON THEIR OWN FAMILIES THROUGH INTERVIEWS WITH PARENTS, SPOUSES AND CHILDREN, AND 4) THE NUMBER OF TOURS, PRESENTATIONS, EXHIBITIONS, REFERENCE REQUESTS, AND OTHER ENGAGEMENTS EXCEEDED 1,500. HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/CENTER-HISTORY-FAMILY-MEDICINE.HTML FAMILY MEDICINE DISCOVERS: THE AAFP FOUNDATION'S SCIENTIFIC PROGRAM, IN PARTNERSHIP WITH THE DARTNET INSTITUTE, 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. EACH YEAR, THE PROGRAM AWARDS 2 GRANTS AND PROVIDES MENTORING FOR SHORT-TERM, HIGH-IMPACT PROJECTS; MANY SCHOLARS CONTINUE THEIR RESEARCH BEYOND THE INITIAL PROJECT SCOPE. IN 2025, 2 NEW SCHOLARS WERE SELECTED FOR CYCLE 6 OF THE FMD RAPSDI PROGRAM TO CONDUCT THEIR RESPECTIVE PROJECTS: 1) IMPROVING BUPRENORPHINE INITIATION AND REFERRALS FOR PATIENTS WITH OPIOID USE DISORDER IN A COUNTY EMERGENCY DEPARTMENT, AND 2) A FEASIBILITY STUDY OF COMPREHENSIVE POLYCYSTIC OVARY SYNDROME (PCOS) EDUCATION AND LIFESTYLE MODIFICATION SUPPORT DELIVERED VIA SYNCHRONOUS VIRTUAL GROUPS, ASSESSING HEALTH-RELATED QUALITY OF LIFE AND METABOLIC OUTCOMES. HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/SCIENTIFIC-INITIATIVES.HTML

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SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	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 $2.2 MILLION TO FREE HEALTH CLINICS IN 38 STATES AND 1 US TERRITORY. IN 2025, 145 CLINICS RECEIVED FUNDING, INCLUDING 12 ESTABLISHED AND 2 NEW CLINICS. THE GRANTS PROVIDE GRANTS TO NEW FREE HEALTH CLINICS AND EXISTING FREE HEALTH CLINICS FOR DURABLE MEDICAL INSTRUMENTS AND EQUIPMENT FOR THE DIAGNOSIS AND TREATMENT OF PRIMARY CARE PATIENTS. GRANTS ARE TARGETED TO COMMUNITIES WITH HIGH NEED AND SOCIOECONOMIC INDICATORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. MORE THAN 25 OF THE CLINICS SUPPORTED ARE STUDENT-RUN, WHICH ADVANCES MEDICAL EDUCATION WHILE EXPANDING ACCESS TO CARE. IN 2025, THE FMCI DELEGATION TRAVELED TO THE DOMINICAN REPUBLIC TO HELP INCREASE HEALTH CARE ACCESS FOR LOCAL DOMINICANS AND THE HAITIAN POPULATION THAT HAS SETTLED THERE THROUGH SUPPORT FROM PHYSICIANS AND OTHER HEALTH CARE PROVIDERS. DURING THIS TRIP, THE DELEGATION PROVIDED MEDICAL EDUCATION IN COLLABORATION WITH UNIVERSIDAD CENTRAL DEL ESTE, INCLUDING A STUDENT PANEL ON FAMILY MEDICINE AND A RESIDENT WORKSHOP ON NEUROLOGICAL CONDITIONS IN PRIMARY CARE; CARED FOR 357 PATIENTS AT AN ON-SITE CLINIC AND 4 OUTREACH CLINICS SERVING BATEYES (RURAL SETTLEMENTS OF MOSTLY HAITIAN FAMILIES INELIGIBLE FOR LOCAL HEALTH SERVICES) IN PARTNERSHIP WITH ONE WORLD SURGERY; AND DONATED TO NUESTROS PEQUENOS HERMANOS (NPH) FOR URGENTLY NEEDED MEDICAL EQUIPMENT AND MEDICATIONS. IN 2025 THE FMC RESIDENT SERVICE AWARD PROGRAM SUPPORTED 2 PROJECTS ADDRESSING HEALTH CARE DISPARITIES AND UNMET NEEDS: 1) PROVIDING WOUND CARE, HEALTH SCREENINGS AND STI TESTING FOR UNHOUSED INDIVIDUALS IN BOISE, IDAHO, IN PARTNERSHIP WITH A LOCAL SHELTER, AND 2) AN INTERACTIVE EDUCATIONAL INTERVENTION TO IMPROVE HEALTH LITERACY, CARE ACCESS AND OUTCOMES FOR ADOLESCENTS IN GREENVILLE, MISSISSIPPI. HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/HUMANITARIAN-INITIATIVES.HTML
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	FAMILY MEDICINE LEADS FOCUSES ON ENSURING THE FUTURE OF THE FAMILY MEDICINE SPECIALTY BY SUPPORTING EFFORTS TO FILL THE WORKFORCE PATHWAY 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 2025, 245 SCHOLARSHIPS WERE PROVIDED FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS TO ATTEND THE AAFP FUTURE CONFERENCE (FORMERLY NATIONAL CONFERENCE), INCLUDING 30 FOR THE EMERGING LEADER INSTITUTE, WITH THE GOAL OF INFLUENCING STUDENTS' AND RESIDENTS' COMMITMENT TO THE SPECIALTY OF FAMILY MEDICINE. THE 2025 CONFERENCE DREW 5,103 ATTENDEES, INCLUDING 1,547 MEDICAL STUDENTS. FAMILY MEDICINE LEADS EMERGING LEADER INSTITUTE IS A YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM THAT BRINGS TOGETHER 30 PARTICIPANTS FOLLOWING A COMPETITIVE APPLICATION PROCESS. IT TARGETS FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS WHO DISPLAY LEADERSHIP POTENTIAL BUT MAY OR MAY NOT HAVE HAD AN OPPORTUNITY TO SERVE IN A LEADERSHIP ROLE. MEDICAL STUDENTS AND FAMILY MEDICINE RESIDENTS COMPLETE TWO DAYS OF INTENSIVE WORKSHOPS IN ONE OF THREE LEADERSHIP TRACKS (POLICY & PUBLIC HEALTH, PERSONAL & PRACTICE, AND PHILANTHROPIC & MISSION-DRIVEN), AND EACH SCHOLAR COMPLETES A LEADERSHIP PROJECT WITH MONTHLY GUIDANCE FROM AN AAFP FAMILY PHYSICIAN MENTOR. AT THE 2025 FUTURE CONFERENCE, 9 LEADERSHIP PROJECT AWARD RECIPIENTS FROM THE 2024 CLASS PRESENTED THEIR COMPLETED PROJECTS. HTTPS://WWW.AAFPFOUNDATION.ORG/OUR-PROGRAMS/EDUCATION-INITIATIVES.HTML
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JAY SHEREE AKAMBASE, RENEE MARKOVICH, ANDREA GAVIN, JUSTIN BARTOS, TERESA LOVINS, SARAH SAMS, KATHY MUELLER, ELISABETH FOWLIE MOCK, SAMANTHA LEADBETTER, KRISTINTA LAGUERRE, R. SHAWN MARTIN, KELLY DOUGHERTY, HEATHER PALMER, AND BRENDA GASTON - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE FOUNDATION HAS THREE CLASSES OF MEMBERS. THE MEMBERS CONSIST OF VOTING MEMBERS, NON-VOTING CORPORATE MEMBERS, AND NON-VOTING INDIVIDUAL MEMBERS.

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SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number

44-6013671

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE PRINCIPAL 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, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE BYLAWS MAY BE AMENDED BY THE VOTING MEMBERS OF THE FOUNDATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING (CPA) FIRM AND REVIEWED BY THE ASSISTANT CONTROLLER. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE, IF NECESSARY. A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE VIA THE FOUNDATION'S WEBSITE.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
CONTRACTED SERVICES	1,626,244	816,251	314,007	495,986
OTHER INDIRECT FEES	329,719	134,234	75,872	119,613
Total	**1,955,963**	**950,485**	**389,879**	**615,599**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	(b) Amount
DIVIDEND FROM SUBSIDIARY	- 1,375,000
EQUITY IN EARNINGS SUBSIDIARY	1,455,253
TOTAL	**80,253**

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN

Employer identification number
44-6013671

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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	(g) Section 512(b)(13) controlled entity? No
(1) AMERICAN ACADEMY OF FAMILY PHYSICIANS (44-0536051) 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211	MEDICAL ASSOC	KS	501(C)(6)				✔
(2) ACADEMY 1740, INC. (43-1485548) 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211	TITLE HOLDING	KS	501(C)(2)		AAFP	✔	
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) (SEE STATEMENT)												
(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	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	AAFP INSURANCE SERVICES	F	1,375,000	CASH
(2)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	C	270,521	CASH
(3)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	B	239,360	CASH
(4)	AMERICAN ACADEMY OF FAMILY PHYSICIANS	P	2,016,873	CASH
(5)				
(6)				

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

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

(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)													

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Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AAFP POOLED INV FD (43-1695097) 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211	ASSET MANAGEMENT	MO	AAFP	N/A								

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AAFP INSURANCE SERVICES (43-1226253) 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211	INSURANCE ADMIN	KS	AAFP FDN	C CORPORATION	3,648,832	1,798,782	100.00	✓	
(2) CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE TRUST	KS	N/A	TRUST				✓	

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