

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.

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE PHYSICIANS FOUNDATION, INC.		D Employer identification number 20-0914085
	Doing business as		E Telephone number 617-399-0417
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 35,924,085.
	401 W 15TH STREET	100	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78701		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOHN DORMAN SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PHYSICIANSFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2003	M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE IS TO ADVANCE THE WORK OF PRACTICING PHYSICIANS AND TO IMPROVE THE QUALITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,445,716.	4,793,923.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,350.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,480,066.	4,793,923.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,037,341.	5,829,978.
	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)	212,000.	219,500.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,242,893.	3,297,446.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,492,234.	9,346,924.
19 Revenue less expenses. Subtract line 18 from line 12	-3,012,168.	-4,553,001.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 113,536,965.	End of Year 119,293,065.
	21 Total liabilities (Part X, line 26)	3,072,302.	3,285,200.
	22 Net assets or fund balances. Subtract line 21 from line 20	110,464,663.	116,007,865.

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			
	GARY PRICE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CATHERINE AVENSON	Preparer's signature E-FILED	Date 11/14/18	Check if self-employed <input type="checkbox"/>	PTIN P01259734
	Firm's name ▶ AVENSON HAMANN CPAS, LLP	Firm's EIN ▶ 46-3330935	Phone no. 512-693-9131		
Firm's address ▶ 1779 WELLS BRANCH PKWY #110B-292		AUSTIN, TX 78728			

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO SUPPORT, BENEFIT OR CARRY OUT THE CHARITABLE PURPOSES OF PUBLICLY SUPPORTED ORGANIZATIONS WHOSE PURPOSES INCLUDE PROMOTING HIGH QUALITY MEDICAL CARE, INCLUDING, WITHOUT LIMITATION, ASSISTING PHYSICIANS AND THE PUBLIC TO IMPROVE THE QUALITY OF CARE RECEIVED BY PATIENTS IN THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 7,485,275. including grants of \$ 5,829,978.) (Revenue \$) GRANTMAKING: AWARDED GRANTS TO DEVELOP LEADERSHIP SKILLS IN PHYSICIANS, TO PILOT LEADERSHIP PROGRAMS AT THE RESIDENCY LEVEL, AND TO EMPOWER PHYSICIANS TO DELIVER HIGH QUALITY CARE TO PATIENTS.

4b (Code:) (Expenses \$ 30,000. including grants of \$) (Revenue \$) CONDUCTED A PHYSICIAN SURVEY TO OBTAIN A DETAILED UNDERSTANDING OF PHYSICIANS' PROFESSIONAL MORALE, PRACTICE PATTERNS, CAREER PLANS, AND PERSPECTIVES IN ORDER TO BETTER SERVE THE GENERAL PUBLIC.

4c (Code:) (Expenses \$ 130,802. including grants of \$) (Revenue \$) LEADERSHIP: HOSTED THE ANNUAL KARL M. ALTENBURGER LEADERSHIP ACADEMY AND PROVIDED PHYSICIAN LEADERS WITH THE SKILLS AND INFORMATION THEY NEED TO ENHANCE THEIR LEADERSHIP ABILITIES AND BUILD THE CAPACITY OF STATE MEDICAL ASSOCIATIONS. PARTICIPATING PHYSICIANS RECEIVED CATEGORY 1 CREDITS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 269,580. including grants of \$) (Revenue \$)

4e Total program service expenses 7,915,657.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN DORMAN - 617-399-0417 401 W 15TH STREET, SUITE 100, AUSTIN, TX 78701

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAY WALKER, MD CHAIRMAN	20.00	X		X			14,000.	0.	0.	
(2) TODD ATWATER MEMBER	5.00	X					7,500.	0.	0.	
(3) SUNNY RAMCHANDANI, MD MEMBER	5.00	X					0.	0.	0.	
(4) SUBHI ALI, MD MEMBER	5.00	X					10,000.	0.	0.	
(5) SANDRA JOHNSON MEMBER	5.00	X					10,000.	0.	0.	
(6) RUSSELL LIBBY, MD MEMBER	5.00	X					10,000.	0.	0.	
(7) RIP HOLLISTER, MD MEMBER	5.00	X					10,000.	0.	0.	
(8) RALPH NOBO, MD MEMBER	5.00	X					10,000.	0.	0.	
(9) PHIL SCHUH MEMBER	5.00 40.00	X					0.	325,000.	0.	
(10) PAUL HARRINGTON MEMBER	5.00 40.00	X					10,000.	130,000.	13,000.	
(11) PALMER JONES MEMBER	5.00	X					10,000.	0.	0.	
(12) LOU GOODMAN MEMBER	5.00 40.00	X					10,000.	896,560.	142,987.	
(13) JOSEPH VALENTI, MD MEMBER	5.00	X					10,000.	0.	0.	
(14) JENNIFER HANSCOM MEMBER	5.00 40.00	X					10,000.	214,173.	18,708.	
(15) GERALD MCKENNA, MD MEMBER	5.00	X					10,000.	0.	0.	
(16) GARY PRICE, MD MEMBER	5.00	X					10,000.	0.	0.	
(17) DUSTIN CORCORAN MEMBER	5.00 40.00	X					10,000.	679,887.	65,357.	

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DON ALEXANDER MEMBER	5.00	X						10,000.	0.	0.
(19) ALEX MALTER, MD MEMBER	5.00	X						10,000.	0.	0.
(20) ROBERT SELIGSON TREASURER	15.00 40.00	X		X				12,000.	413,569.	0.
(21) LARRY DOWNS SECRETARY	5.00 40.00	X		X				12,000.	222,818.	0.
(22) LAWRENCE BRAUD, MD VICE PRESIDENT	5.00	X		X				12,000.	0.	0.
(23) ALAN PLUMMER, MD VICE PRESIDENT	10.00	X		X				12,000.	0.	0.
(24) MARCH SEABROOK MEMBER	5.00 5.00	X						0.	6,000.	0.
(25) JOHN DORMAN COO	5.00 40.00			X				0.	477,513.	66,310.
(26) TIM NORBECK CEO	5.00 40.00			X				0.	0.	0.
1b Sub-total								219,500.	3,365,520.	306,362.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								219,500.	3,365,520.	306,362.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GMA FOUNDATIONS, 2 LIBERTY SQUARE, SUITE 500, BOSTON, MA 02109	GRANT MANAGEMENT	473,173.
COOPERKATZ, 205 LEXINGTON AVE, 5TH FLOOR, NEW YORK, NY 10016	COMMUNICATIONS	374,099.
NORBECK ASSOCIATES, LLC, 22451 GLENVIEW LANE, BONITA SPRINGS, FL 34135	EXECUTIVE MANAGEMENT	300,000.
COO INFORMATICS, LLC 9900 SPECTRUM DR., AUSTIN, TX 78717	EXECUTIVE MANAGEMENT	125,000.
ALSTON AND BIRD, ONE ATLANTIC CENTER, 1201 W PEACHTREE ST, ATLANTA, GA 30309	LEGAL SERVICES	116,384.

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 **5**

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	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above					
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		2,470,662.			2,470,662.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		33,453,423.				
		b Less: cost or other basis and sales expenses				
		31,130,162.				
	c Gain or (loss)					
	2,323,261.					
	d Net gain or (loss)		2,323,261.			2,323,261.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11	a _____					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		4,793,923.	0.	0.	4,793,923.	

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	5,829,978.	5,829,978.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
5 Compensation of current officers, directors, trustees, and key employees	219,500.	167,910.	51,590.	
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 (non-employees):				
a Management	400,000.	138,750.	261,250.	
b Legal	170,901.		170,901.	
c Accounting	116,030.		116,030.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	350,626.		350,626.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	820,318.	578,722.	241,596.	
12 Advertising and promotion				
13 Office expenses	7,110.		7,110.	
14 Information technology	141,686.	42,506.	99,180.	
15 Royalties				
16 Occupancy				
17 Travel	322,627.	251,649.	70,978.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	166,237.	129,665.	36,572.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,340.		19,340.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPONSORSHIPS	511,244.	511,244.		
b PROFESSIONAL CONSULTING	299,580.	299,580.		
c LEADERSHIP DEVELOPMENT	130,802.	130,802.		
d DUES AND SUBSCRIPTIONS	6,094.		6,094.	
e All other expenses	-165,149.	-165,149.		
25 Total functional expenses. Add lines 1 through 24e	9,346,924.	7,915,657.	1,431,267.	0.
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)

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	2,729,133.	1	3,251,313.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	149,781.	9	64,514.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	59,135,090.
	12 Investments - other securities. See Part IV, line 11	110,658,051.	12	56,842,148.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	113,536,965.	16	119,293,065.	
Liabilities	17 Accounts payable and accrued expenses	110,822.	17	177,223.
	18 Grants payable	2,961,480.	18	3,107,977.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,072,302.	26	3,285,200.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	110,464,663.	27	116,007,865.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	110,464,663.	33	116,007,865.	
34 Total liabilities and net assets/fund balances	113,536,965.	34	119,293,065.	

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	4,793,923.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,346,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,553,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,464,663.
5	Net unrealized gains (losses) on investments	5	10,096,203.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	116,007,865.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **THE PHYSICIANS FOUNDATION, INC.** Employer identification number **20-0914085**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 87
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ALASKA STATE MEDICAL ASSOCIATION	92-6002176	10	X		0.	
CALIFORNIA MEDICAL ASSOCIATION	94-0359340	10	X		0.	
CONNECTICUT STATE MEDICAL SOCIETY	06-0665164	10	X		0.	
DENTON COUNTY MEDICAL SOCIETY	75-1676014	10	X		0.	
EL PASO COUNTY MEDICAL SOCIETY	74-1238007	10	X		0.	
Total					5,829,978.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

SEE PART VI FOR LINE 12G CONTINUATION

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>	X	

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

PART IV, SECTION A, LINE 1:

SUPPORTED ORGANIZATIONS ARE DESIGNATED IN THE GOVERNING DOCUMENTS BY CLASS OR PURPOSE: "TO SUPPORT, BENEFIT OR CARRY OUT THE CHARITABLE PURPOSES OF PUBLICLY SUPPORTED ORGANIZATIONS WHOSE PURPOSES INCLUDE PROMOTING HIGH QUALITY MEDICAL CARE, INCLUDING, WITHOUT LIMITATION, ASSISTING PHYSICIANS AND THE PUBLIC TO IMPROVE THE QUALITY OF CARE RECEIVED BY PATIENTS IN THE EVOLVING HEALTHCARE ENVIRONMENT, IN A MANNER THAT CONSTITUTES CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE."

PART IV, SECTION A, LINE 2:

THE FOUNDATION DETERMINED AT INCEPTION IN 2006 THAT EACH OF ITS NAMED SUPPORTED ORGANIZATIONS ARE DEEMED TO BE DESCRIBED IN SECTION 509(A)(2) BECAUSE ITS MEMBERSHIP DUES CONSTITUTED MORE THAN ONE THIRD OF THEIR SUPPORT, AND THAT NO MORE THAN ONE THIRD OF THEIR SUPPORT CAME FROM GROSS INVESTMENT INCOME AND NET UNRELATED BUSINESS TAXABLE INCOME. THE FOUNDATION CONFIRMS ANNUALLY THAT ITS SUPPORTED ORGANIZATIONS MEET THE REQUIREMENTS OF SECTION 509(A)(2).

PART IV, SECTION A, LINE 3B:

THE FOUNDATION MAINTAINS A COPY OF THE DETERMINATION LETTER FOR EACH SUPPORTED ORGANIZATION THAT QUALIFIES UNDER SECTION 501(C)(6) ALONG WITH AN ANNUALLY-UPDATED SCHEDULE DEMONSTRATING THE ORGANIZATION'S COMPLIANCE WITH THE SECTION 509(A)(2) PUBLIC SUPPORT TEST.

PART IV, SECTION A, LINE 3C:

TO ENSURE THAT ITS ASSETS ARE USED FOR CHARITABLE PURPOSES, THE

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

FOUNDATION MAKES GRANTS ONLY TO 501(C)(3) ORGANIZATIONS AND ONLY FOR PROJECTS THAT ARE APPROVED AFTER A RIGOROUS APPLICATION PROCESS. GRANTS ARE MADE SUBJECT TO A WRITTEN AGREEMENT REQUIRING PERIODIC AND FINAL FINANCIAL AND NARRATIVE REPORTS AND PROVIDING THAT THE FOUNDATION MAY WITHHOLD FUTURE PAYMENTS AND DEMAND CORRECTION OF MISUSE OF FUNDS SHOULD THE FOUNDATION DETERMINE FUNDS HAVE NOT BEEN USED FOR APPROVED PURPOSES.

PART IV, SECTION A, LINE 5A:

AS DESCRIBED IN PART IV, NUMBER 3C, THE FOUNDATION MAKES GRANTS TO 501(C)(3) ORGANIZATIONS THAT ARE INCLUDED IN THE CLASS OF ORGANIZATIONS DESIGNATED IN THE GOVERNING DOCUMENTS BY CLASS OR PURPOSE. IN 2017 THE FOUNDATION MADE NEW GRANTS TO 21 ORGANIZATIONS THAT WERE NOT LISTED ON THE 2016 FORM 990. NO PAYMENTS WERE MADE IN 2017 TO 33 ORGANIZATIONS THAT WERE LISTED ON THE 2016 FORM 990 BECAUSE THE GRANT PERIOD ENDED IN 2016. NAMES AND EINS ARE AVAILABLE ON SCHEDULE A, PART VI OF THE 2016 AND 2017 FORMS 990.

PART IV, SECTION B, LINE 2:

IN ADDITION TO MAKING GRANTS TO 501(C)(3) ORGANIZATIONS OPERATED, SUPERVISED OR CONTROLLED BY SUPPORTED ORGANIZATIONS NAMED IN THE ORGANIZING DOCUMENTS, THE FOUNDATION ALSO GIVES GRANTS TO 501(C)(6) ORGANIZATIONS TO CARRY OUT THE FOUNDATION'S CHARITABLE PURPOSES. SEE REV. RUL. 76-401, 1976-C.B. 175, WHICH PROVIDES THAT THE GENERAL REQUIREMENTS OF SECTIONS 1.509(A)-4(C), (D) AND (E) OF THE REGULATIONS ARE INAPPLICABLE TO SUPPORTED SECTION 501(C)(6) ORGANIZATIONS FOR PURPOSES OF SATISFYING BOTH THE ORGANIZATIONAL AND OPERATIONAL TESTS OF

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

SECTION 509(A)(3)(A) OF THE INTERNAL REVENUE CODE. THE FOUNDATION MAKES GRANTS TO PUBLICLY SUPPORTED ORGANIZATIONS THAT DO NOT CONTROL THE FOUNDATION, BUT BY BENFITTINGN THEM, THE FOUNDATION CARRIES OUT THE PURPOSE OF THE CONTROLLING SIGNATORY ENTITIES, AS PERMITTED UNDER SECTION 1.509(A)-4(G)(1)(II) OF THE REGULATIONS.

Multiple horizontal lines for supplemental information.

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support	(vi) Amount of other support
			Yes	No		
FLORIDA MEDICAL ASSOCIATION	59-0559672	10	X		0.	
HAWAII MEDICAL ASSOCIATION	99-0067306	10	X		0.	
LOUISIANA STATE MEDICAL SOCIETY	72-0386637	10	X		0.	
MEDICAL ASSOCIATION OF GEORGIA	58-0605267	10	X		0.	
MEDICAL SOCIETY OF NEW JERSEY	21-0601684	10	X		0.	
MEDICAL SOCIETY OF NEW YORK	13-1030760	10	X		0.	
MEDICAL SOCIETY OF NORTHERN VIRGINIA	54-0739279	10	X		0.	
NEBRASKA MEDICAL ASSOCIATION	47-0372108	10	X		0.	
NEW HAMPSHIRE MEDICAL SOCIETY	02-0223176	10	X		0.	
NORTH CAROLINA MEDICAL ASSOCIATION	56-0320130	10	X		0.	
SOUTH CAROLINA MEDICAL ASSOCIATION	57-0248750	10	X		0.	
TENNESSEE MEDICAL ASSOCIATION	62-0382010	10	X		0.	
TEXAS MEDICAL ASSOCIATION	74-1078510	10	X		0.	
VERMONT MEDICAL SOCIETY	03-0164911	10	X		0.	
WASHINGTON STATE MEDICAL ASSOCIATION	91-0462170	10	X		0.	
ACCMA COMMUNITY HEALTH FOUNDATION	46-1703508	7		X	0.	
AMERICAN ACADEMY OF DERMATOLOGY	41-0793046	10		X	0.	
AMERICAN ACADEMY OF PEDIATRICS	36-2275597	10		X	0.	
AMERICAN MEDICAL ASSOCIATION FOUNDAT	36-6080517	7		X	76,446.	
AMERICARES FOUNDATION INC	06-1008595	7		X	100,000.	
BENJAMIN RUSH INSTITUTE	46-1848302	7		X	40,000.	
BOARD OF TRUSTEES OF THE LELAND STANF	94-1156365	2		X	225,000.	
CALIFORNIA ACADEMY OF FAMILY PHYSICIAN	94-1149565	7		X	0.	
CENTER FOR A HEALTHY MARYLAND	52-1110642	7		X	150,000.	
COLORADO MEDICAL SOCIETY FOUNDATION	84-1390157	10		X	0.	
COMMUNITY SERVICE, EDUCATION AND RESEA	23-7003581	7		X	134,171.	
Continuation Totals						

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support	(vi) Amount of other support
			Yes	No		
CONNECTICUT STATE MEDICAL SOCIETY PHY DANIEL HANLEY CENTER FOR HEALTH L	06-1425205	7		X	0.	
DELAWARE MEDICAL EDUCATION FOUNDATIO	20-4271488	7		X	0.	
DOCS FOR PATIENT CARE FOUNDATION	51-0343625	7		X	0.	
EQUALHEALTH, INC (PHYSICIANS FOR HAI	46-4752703	10		X	262,488.	
FAMILY HEALTH CENTER OF WORCESTER	27-3645742	7		X	0.	
FOUNDATION FOR HEALTHY FLORIDIANS	04-2485308	7		X	150,000.	
FOUNDATION OF THE AMERICAN ASSOCIATIO	46-2259497	7		X	650,000.	
HAWAII MEDICAL FOUNDATION	36-2915937	10		X	0.	
HEALTH LEADS	23-7063698	7		X	0.	
INDIANA MEDICAL FOUNDATION	45-0484533	7		X	340,000.	
INSTITUTE FOR MEDICAL QUALITY	23-7001672	7		X	0.	
INSTITUTE OF MEDICINE AND PUBLIC	94-3240330	10		X	0.	
JOAN & SANFORD I. WEILL MEDICAL COLLE	20-0678012	7		X	150,000.	
KANSAS MEDICAL FOUNDATION	13-1623978	2		X	0.	
KENTUCKY FOUNDATION FOR MEDICAL CARE	48-1194663	7		X	0.	
LOUISIANA STATE MEDICAL SOCIETY EDU	23-7181728	7		X	0.	
MAINE QUALITY COUNTS	23-7029259	7		X	146,000.	
MAYO CLINIC	20-4935972	7		X	149,996.	
MEDICAL ASSOCIATION OF GEORGIA FOUNDATI	41-6011702	10		X	100,000.	
MEDICAL EDUCATION AND SCIENTIFIC FOUN	58-6066431	7		X	150,000.	
MEDICAL SOCIETY OF VIRGINIA FOUNDATION	11-2780360	7		X	150,000.	
METRO OMAHA MEDICAL SOCIETY FOUNDATION	52-1394768	7		X	150,000.	
MICHIGAN STATE MEDICAL SOCIETY FOU	47-0814363	10		X	149,620.	
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION	38-6069432	7		X	150,000.	
MISSISSIPPI STATE MEDICAL ASSOCIATION	41-1677920	7		X	99,922.	
	57-0906060	10		X	0.	
Continuation Totals						

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support	(vi) Amount of other support
			Yes	No		
MONTANA MEDICAL ASSOCIATION FOUNDAT	46-3696068	10		X	0.	
MOUNT SINAI MEDICAL CENTER	13-6271888	7		X	148,397.	
NEBRASKA MEDICAL FOUNDATION	47-6036827	7		X	150,000.	
NORTH CAROLINA MEDICAL SOCIETY FOU	56-6088142	7		X	0.	
OHIO MEDICAL EDUCATION FOUNDATIO	31-0907287	10		X	80,000.	
PALM BEACH COUNTY MEDICAL SOCIETY SER	65-1048299	7		X	0.	
PHYSICIANS BENEVOLENT FUND	74-6050660	7		X	500,000.	
REGENTS OF THE UNIVERSITY OF CALIF	94-6036493	7		X	150,000.	
SOUTH CAROLINA MEDICAL ASSOCIATION	57-0168534	10		X	0.	
SOUTH DAKOTA STATE MEDICAL ASSOCIATION	46-6012680	5		X	0.	
TENNESSEE MEDICAL EDUCATION FUND INC.	62-6049920	7		X	150,000.	
TEXAS MEDICAL ASSOCIATION SPECIAL	74-2749879	7		X	150,000.	
THE BOWLER-BARTLETT FOUNDATION	23-7425858	7		X	150,000.	
THE GENERAL HOSPITAL (MASSACHUS	04-2697983	3		X	100,000.	
TRAVIS COUNTY MEDICAL SOCIETY FOU	74-1720086	7		X	150,000.	
TWIN CITIES MEDICAL SOCIETY FOUNDATION	51-0178010	10		X	0.	
UNITED PHYSICIANS AND SURGEONS OF AME	47-1819061	7		X	0.	
UNIVERSITY MEDICINE FOUNDATION (BROWN M	05-0450410	4		X	0.	
UNIVERSITY OF MASSACHUSETTS MEDIC	04-3167352	2		X	0.	
UNIVERSITY OF NORTH CAROLINA AT CHAPEL	56-6001393	2		X	0.	
UTAH MEDICAL ASSOCIATION FOUNDAT	87-6122299	10		X	0.	
VERMONT MEDICAL SOCIETY EDUCATION A	20-0183445	10		X	150,000.	
WESTERN CAROLINA MEDICAL SOCIETY FOU	45-5586998	10		X	127,938.	
WISCONSIN MEDICAL SOCIETY FOUNDATION	39-6045649	7		X	150,000.	
WSMA FOUNDATION FOR HEALTH CARE IMPROVE	91-6074463	7		X	0.	
WYOMING MEDICAL SOCIETY SCHOLARSHIP	83-6004846	7		X	150,000.	
Continuation Totals						

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes entries for CALIFORNIA MEDICAL ASSOCIATION FOUNDATION, FOUNDATION OF THE PENNSYLVANIA MEDICAL ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, and PHYSICIANS' INSTITUTE.

Continuation Totals 5,829,978.

SCHEDULE D
(Form 990)

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

2017
Open to Public Inspection

Name of the organization THE PHYSICIANS FOUNDATION, INC. **Employer identification number** 20-0914085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- 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				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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) VANGUARD TOTAL BD MKT IDX		
(B) INST	13,378,656.	END-OF-YEAR MARKET VALUE
(C) METROPOLITAN WST INTM BD		
(D) I	10,365,149.	END-OF-YEAR MARKET VALUE
(E) S&P 500 INDEX FUND	10,103,114.	END-OF-YEAR MARKET VALUE
(F) ISHARES SP SMALLCAP 600		
(G) INDEX	9,281,567.	END-OF-YEAR MARKET VALUE
(H) FPA CRESCENT FD INSTL	6,915,742.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	56,842,148.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	14,890,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,096,203.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,096,203.
3	Subtract line 2e from line 1	3	4,793,923.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,793,923.

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	9,346,924.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,346,924.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,346,924.

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.

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY OF INCOME TAXES BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD FOR THE RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS, WHICH INCLUDES THE ACCOUNTING FOR INTEREST AND PENALTIES. AT DECEMBER 31, 2017, THE FOUNDATION DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM ITS TAX POSITIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **THE PHYSICIANS FOUNDATION, INC.** Employer identification number **20-0914085**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BENJAMIN RUSH INSTITUTE PO BOX 3113 HALF MOON BAY, CA 94019	46-1848302	501(C)(3)	40,000.	0.			TO PROVIDE SCHOLARSHIPS TO MEDICAL STUDENTS TO ATTEND AT MEDICAL SOCIETY AND PROFESSIONAL ASSOC
AMERICAN MEDICAL ASSOCIATION FOUNDATION - 330 N WABASH AVE - CHICAGO, IL 60611	36-6080517	501(C)(3)	76,446.	0.			TO SUPPORT THE JOY IN MEDICINE MULTI-STAKEHOLDER MEETING TO BRING TOGETHER
OHIO MEDICAL EDUCATION FOUNDATION 5115 PARKCENTER AVENUE, SUITE 200 DUBLIN, OH 43017	31-0907287	501(C)(3)	80,000.	0.			TO DEVELOP THE HEALTH SYSTEM PHYSICIAN POLICY AND ADVOCACY INSTITUTE AIMED TO CREATE
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION (HENNEPIN HEALTHCARE RESEARCH) - 701 PARK AVE, PP7.700 - MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	99,922.	0.			TO CREATE A MENTORING PROGRAM FOCUSED ON PROMOTING PROFESSIONAL FULFILLMENT AND REDUCING
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	100,000.	0.			PUERTO RICO HURRICANE RELIEF
MAYO CLINIC 200 FIRST STREET, SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	100,000.	0.			TO DEVELOP AND IMPLEMENT A COACHING INTERVENTION STUDY FOR MID-CAREER PHYSICIANS TO ADDRESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 34.**

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

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE GENERAL HOSPITAL (MASSACHUSETTS GENERAL HOSPITAL) - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)(3)	100,000.	0.			TO STUDY THE IMPACT OF A LONGITUDINAL RELATIONSHIP BETWEEN A RESIDENT OR FACULTY MEMBER AND A
WESTERN CAROLINA MEDICAL SOCIETY FOUNDATION INC. - 304 SUMMIT ST - ASHEVILLE, NC 28803	45-5586998	501(C)(3)	127,938.	0.			TO OFFER A MULTI-FACETED PROGRAM TO ADDRESS PHYSICIAN BURNOUT, INCLUDING COACHING,
COMMUNITY SERVICE, EDUCATION AND RESEARCH FUND - 5380 ELVAS AVE, SUITE 104 - SACRAMENTO, CA 95819	23-7003581	501(C)(3)	134,171.	0.			TO ESTABLISH THE JOY OF MEDICINE PROGRAM TO IMPROVE PHYSICIAN WELL-BEING
LOUISIANA STATE MEDICAL SOCIETY EDUCATION AND RESEARCH FOUNDATION - 6767 PERKINS ROAD NO 100 - BATON ROUGE, LA 70808	23-7029259	501(C)(3)	146,000.	0.			TO SUPPORT A PHYSICIAN LEADERSHIP PROGRAM PROVIDE YOUNG PHYSICIANS WITH EXPERIENCE AND
MOUNT SINAI MEDICAL CENTER 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6271888	501(C)(3)	148,397.	0.			TO IMPLEMENT AN EVIDENCE-BASED, PHYSICIAN-LED INITIATIVE TO ADDRESS PHYSICIAN
METRO OMAHA MEDICAL SOCIETY FOUNDATION - 7906 DAVENPORT ST - OMAHA, NE 68114	47-0814363	501(C)(3)	149,620.	0.			TO CREATE A COMPREHENSIVE PHYSICIAN WELLNESS PROGRAM TO HELP IDENTIFY BURNOUT AND PROMOTE
MAINE QUALITY COUNTS PO BOX 16 MANCHESTER, ME 04351	20-4935972	501(C)(3)	149,996.	0.			TO EXPAND THE LEADERSHIP ON THE FRONT LINES PROGRAM FOCUSING ON HELPING PHYSICIANS
BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITY - 1520 PAGE MILL ROAD - PALO ALTO, CA 94304	94-1156365	501(C)(3)	225,000.	0.			TO DEVELOP AND IMPLEMENT A PROGRAM TO DRIVE PHYSICIAN ENGAGEMENT TO CREATE AN ORGANIZATIONAL
CENTER FOR A HEALTHY MARYLAND 1211 CATHEDRAL ST BALTIMORE, MD 21201	52-1110642	501(C)(3)	150,000.	0.			TO SUPPPORT THE CREATION AND IMPLEMENTATION OF A CERTIFICATE PROGRAM IN PHYSICIAN LEADERSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN ST WORCESTER, MA 01610	04-2485308	501(C)(3)	150,000.	0.			TO DEVELOP AND IMPLEMENT A 3-PART PHYSICIAN WELLNESS PROGRAM
INSTITUTE OF MEDICINE AND PUBLIC & NEW JERSEY - 2 PRINCESS ROAD - LAWRENCEVILLE, NJ 08648	20-0678012	501(C)(3)	150,000.	0.			TO SUPPORT IMPLEMENTATION OF A LEADERSHIP ACADEMY THAT ALLOWS PARTICIPANTS TO BUILD LEADERSHIP
MEDICAL ASSOCIATION OF GEORGIA FOUNDATION - 1849 THE EXCHANGE SE #200 - ATLANTA, GA 30339	58-6066431	501(C)(3)	150,000.	0.			TO SUPPORT THE YEAR LONG PHYSICIAN LEADERSHIP PROGRAM TEACHING ADVOCACY, COMMUNICATION,
MEDICAL EDUCATION AND SCIENTIFIC FOUNDATION OF NY - 865 MERRICK AVE - WESTBURY, NY 11590	11-2780360	501(C)(3)	150,000.	0.			TO SUPPORT A LEADERSHIP PROGRAM TARGETING MEDICAL STUDENTS, RESIDENTS AND YOUNG PHYSICIANS
MEDICAL SOCIETY OF VIRGINIA FOUNDATION - 2924 EMERYWOOD PKWY SUITE 300 - RICHMOND, VA 23294	52-1394768	501(C)(3)	150,000.	0.			TO SUPPORT A PHYSICIAN LED INTERPROFESSIONAL CLINICAL TEAM LEADERSHIP PROGRAM
MICHIGAN STATE MEDICAL SOCIETY FOUNDATION - 120 W SAGINAW - EAST LANSING, MI 48823	38-6069432	501(C)(3)	150,000.	0.			TO ENHANCE THE PHYSICIAN EXECUTIVE DEVELOPMENT EDUCATION PROGRAM, INCLUDING THE DEVELOPMENT
NEBRASKA MEDICAL FOUNDATION 233 S 13TH STREET, SUITE 1200 LINCOLN, NE 68508	47-6036827	501(C)(3)	150,000.	0.			TO IMPLEMENT A COHORT-BASED PHYSICIAN LEADERSHIP PROGRAM TO IMPROVE LEADERSHIP
TENNESSEE MEDICAL EDUCATION FUND INC. - 701 BRADFORD AVE - NASHVILLE, TN 37204	62-6049920	501(C)(3)	150,000.	0.			TO EXPAND THE CURRENT PHYSICIAN LEADERSHIP PROGRAM FOCUSING ON PHYSICIAN-LED ASSOCIATION
TEXAS MEDICAL ASSOCIATION SPECIAL FUNDS FOUNDATION - 401 WEST 15TH STREET - AUSTIN, TX 78701	74-2749879	501(C)(3)	150,000.	0.			TO SUPPORT THE LEADERSHIP COLLEGE SKILL BUILDING PROGRAM AND THE ENHANCED ONLINE LEARNING PORTAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JOHN P BOWLER MD MEMORIAL LIBRARY 7 NORTH STATE DTREET CONCORD, NH 03301	23-7425858	501(C)(3)	150,000.	0.			TO CREATE A PHYSICIAN LEADERSHIP PROGRAM THAT INCLUDES SKILL BUILDING, NETWORKING AMONG
TRAVIS COUNTY MEDICAL SOCIETY FOUNDATION - 4300 N LAMAR BLVD - AUSTIN, TX 78756	74-1720086	501(C)(3)	150,000.	0.			TO DEVELOP A TOOLKIT AND TRAINING PROGRAM ON HOW MEDICAL ASSOCIATIONS/SOCIETIES
VERMONT MEDICAL SOCIETY EDUCATION AND RESEARCH FOUNDATION - PO BOX 1457 - MONTPELIER, VT 05601	20-0183445	501(C)(3)	150,000.	0.			TO SUPPORT VERMONT'S PHYSICIAN LEADERSHIP PROGRAM DESIGNED TO DEVELOP THE LEADERSHIP
WISCONSIN MEDICAL SOCIETY FOUNDATION - 330 EAST LAKESIDE ST - MADISON, WI 53715	39-6045649	501(C)(3)	150,000.	0.			TO SUPPORT A PHYSICIAN LEADERSHIP PROGRAM THAT BRINGS PHYSICIAN LEADERS FROM WISCONSIN TOGETHER
WYOMING MEDICAL SOCIETY SCHOLARSHIP FUND - 122 E 17TH STREET - CHEYENNE, WY 82001	83-6004846	501(C)(3)	150,000.	0.			TO OFFER A PHYSICIAN LEADERSHIP PROGRAM THAT PROVIDES INDIVIDUAL COACHING, PERSONAL SKILL
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	150,000.	0.			TO IMPLEMENT THE MINDFUL MENTAL TRAINING PROGRAM TO SUPPORT PHYSICIAN WELLBEING AND RESILIENCE
DOCS FOR PATIENT CARE FOUNDATION 1210 NORTH MAPLE ROAD ANN ARBOR, MI 48103	46-4752703	501(C)(3)	262,488.	0.			TO SUPPORT THE DIRECT PRIMARY CARE CONFERENCE
HEALTH LEADS 24 SCHOOL STREET, 6TH FLOOR BOSTON, MA 02108	45-0484533	501(C)(3)	340,000.	0.			TO ELEVATE PHYSICIAN LEADERS TO ADDRESS POVERTY AND SOCIAL DETERMINANTS OF HEALTH
PHYSICIANS BENEVOLENT FUND 401 W 15TH STREET, SUITE 100 AUSTIN, TX 78701	74-6050660	501(C)(3)	500,000.	0.			HURRICANE DISASTER RELIEF SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FOUNDATION FOR HEALTHY FLORIDIANS 1430 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308	46-2259497	501(C)(3)	500,000.	0.			HURRICANE DISASTER RELIEF SUPPORT
FOUNDATION FOR HEALTHY FLORIDIANS 1430 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308	46-2259497	501(C)(3)	150,000.	0.			TO SUPPORT THE LEADERSHIP ACADEMY SKILL BUILDING PROGRAM

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

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

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

PART I, LINE 2:

TO ENSURE THAT ITS ASSETS ARE USED FOR CHARITABLE PURPOSES, THE FOUNDATION
 MAKES GRANTS ONLY TO 501(C)(3) ORGANIZATIONS OR GOVERNMENT AGENCIES AND
 ONLY FOR PROJECTS THAT ARE APPROVED AFTER A RIGOROUS APPLICATION PROCESS.
 THE GRANT COMMITTEE MEETS QUARTERLY TO DISCUSS RECOMMENDED PHYSICIAN
 LEADERSHIP PROPOSALS AND APPROVAL OF GRANTS THAT RELATE TO THE FOUNDATION'S
 MISSION. FINAL RECOMMENDATIONS ARE APPROVED BY THE FULL BOARD. GRANTS ARE
 MADE SUBJECT TO A WRITTEN AGREEMENT REQUIRING PERIODIC AND FINAL FINANCIAL
 AND NARRATIVE REPORTS AND PROVIDING THAT THE FOUNDATION MAY WITHHOLD FUTURE

Part IV Supplemental Information

PAYMENTS AND DEMAND CORRECTION OF MISUSE OF FUNDS SHOULD THE FOUNDATION DETERMINE THAT FUNDS HAVE NOT BEEN USED FOR APPROVED PURPOSES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BENJAMIN RUSH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS TO MEDICAL STUDENTS TO ATTEND AT MEDICAL SOCIETY AND PROFESSIONAL ASSOC CONFERENCES TO LEARN ABOUT HEALTH POLICY AND NETWORK WITH PRACTICING PHYSICIANS.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN MEDICAL ASSOCIATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE JOY IN MEDICINE MULTI-STAKEHOLDER MEETING TO BRING TOGETHER PHYSICIANS, HEALTH SYSTEM LEADERS, POLICY MAKERS, PAYERS, SPECIALTY SOCIETIES, PATIENT AND FAMILY REPRESENTATIVES, AND QUALITY AND SAFETY ORGANIZATIONS TO CREATE A STRATEGIC MULTI-PRONGED PLAN TO ADDRESS PHYSICIAN WELL-BEING

NAME OF ORGANIZATION OR GOVERNMENT: OHIO MEDICAL EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP THE HEALTH SYSTEM PHYSICIAN POLICY AND ADVOCACY INSTITUTE AIMED TO CREATE SOPHISTICATED, KNOWLEDGEABLE AND ACTIVE PHYSICIAN LEADERS

NAME OF ORGANIZATION OR GOVERNMENT:

MINNEAPOLIS MEDICAL RESEARCH FOUNDATION (HENNEPIN HEALTHCARE RESEARCH)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A MENTORING PROGRAM FOCUSED ON PROMOTING PROFESSIONAL FULFILLMENT AND REDUCING BURNOUT AMONG PHYSICIANS IN THE DEPARTMENT OF MEDICINE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT A COACHING INTERVENTION STUDY FOR MID-CAREER PHYSICIANS TO ADDRESS PHYSICIAN BURNOUT

NAME OF ORGANIZATION OR GOVERNMENT:

THE GENERAL HOSPITAL (MASSACHUSETTS GENERAL HOSPITAL)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STUDY THE IMPACT OF A LONGITUDINAL RELATIONSHIP BETWEEN A RESIDENT OR FACULTY MEMBER AND A FACULTY COACH TRAINED IN POSITIVE PSYCHOLOGY COACHING

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN CAROLINA MEDICAL SOCIETY FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER A MULTI-FACETED PROGRAM TO ADDRESS PHYSICIAN BURNOUT, INCLUDING COACHING, COUNSELING, RETREATS, AND OTHER RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA STATE MEDICAL SOCIETY EDUCATION AND RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PHYSICIAN LEADERSHIP PROGRAM PROVIDE YOUNG PHYSICIANS WITH EXPERIENCE AND TRAINING IN THE CORE APTITUDES TO EXCEL IN LEADERSHIP POSITIONS OUTSIDE THE PRACTICE OF MEDICINE

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT SINAI MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT AN EVIDENCE-BASED, PHYSICIAN-LED INITIATIVE TO ADDRESS PHYSICIAN BURNOUT

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

METRO OMAHA MEDICAL SOCIETY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A COMPREHENSIVE PHYSICIAN WELLNESS PROGRAM TO HELP IDENTIFY BURNOUT AND PROMOTE RESILIENCY

NAME OF ORGANIZATION OR GOVERNMENT: MAINE QUALITY COUNTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE LEADERSHIP ON THE FRONT LINES PROGRAM FOCUSING ON HELPING PHYSICIANS ENHANCE THEIR LEADERSHIP SKILLS TO BE ON THE FRONTLINES OF ADDRESS EMERGING PUBLIC HEALTH CRISES

NAME OF ORGANIZATION OR GOVERNMENT:

BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT A PROGRAM TO DRIVE PHYSICIAN ENGAGEMENT TO CREATE AN ORGANIZATIONAL CULTURE OF WELLNESS

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE OF MEDICINE AND PUBLIC & NEW JERSEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IMPLEMENTATION OF A LEADERSHIP ACADEMY THAT ALLOWS PARTICIPANTS TO BUILD LEADERSHIP SKILLS WHILE VIEWING HEALTHCARE ISSUES FROM ALL PERSPECTIVES

NAME OF ORGANIZATION OR GOVERNMENT:

MEDICAL ASSOCIATION OF GEORGIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE YEAR LONG PHYSICIAN LEADERSHIP PROGRAM TEACHING ADVOCACY, COMMUNICATION, AND CONFLICT RESOLUTION SKILLS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MICHIGAN STATE MEDICAL SOCIETY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE THE PHYSICIAN EXECUTIVE DEVELOPMENT EDUCATION PROGRAM, INCLUDING THE DEVELOPMENT OF AN ONLINE RESOURCE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT A COHORT-BASED PHYSICIAN LEADERSHIP PROGRAM TO IMPROVE LEADERSHIP COMPETENCIES INCLUDING LEADING TEAMS AND MANAGING ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE MEDICAL EDUCATION FUND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE CURRENT PHYSICIAN LEADERSHIP PROGRAM FOCUSING ON PHYSICIAN-LED ASSOCIATION MANAGEMENT, FOUNDATIONAL LEADERSHIP TRAINING, AND PHYSICIAN-LED CARE TEAMS

NAME OF ORGANIZATION OR GOVERNMENT: JOHN P BOWLER MD MEMORIAL LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A PHYSICIAN LEADERSHIP PROGRAM THAT INCLUDES SKILL BUILDING, NETWORKING AMONG PHYSICIANS, AND PROVIDES CONTINUING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

TRAVIS COUNTY MEDICAL SOCIETY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A TOOLKIT AND TRAINING PROGRAM ON HOW MEDICAL ASSOCIATIONS/SOCIETIES CAN START A PHYSICIAN WELLNESS PROGRAM (PWP) WHICH PROVIDES BOTH PREVENTIVE AND INTERVENTIONAL SUPPORT SERVICES TO REDUCE PHYSICIAN BURNOUT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

VERMONT MEDICAL SOCIETY EDUCATION AND RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VERMONT'S PHYSICIAN LEADERSHIP PROGRAM DESIGNED TO DEVELOP THE LEADERSHIP SKILLS NEEDED TO NAVIGATE VERMONT'S POLITICAL ENVIRONMENT AND HEALTH CARE POLICY ARENA

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN MEDICAL SOCIETY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PHYSICIAN LEADERSHIP PROGRAM THAT BRINGS PHYSICIAN LEADERS FROM WISCONSIN TOGETHER IN PEER COHORTS TO LEARN A SYSTEMS APPROACH TO LEADERSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

WYOMING MEDICAL SOCIETY SCHOLARSHIP FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER A PHYSICIAN LEADERSHIP PROGRAM THAT PROVIDES INDIVIDUAL COACHING, PERSONAL SKILL IMPROVEMENT, AND A BETTER UNDERSTANDING OF HEALTHCARE IN THE STATE

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH LEADS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ELEVATE PHYSICIAN LEADERS TO ADDRESS POVERTY AND SOCIAL DETERMINANTS OF HEALTH THROUGH RESEARCH AS WELL AS RESOURCE DEVELOPMENT AND DISSEMINATION

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **THE PHYSICIANS FOUNDATION, INC.** Employer identification number **20-0914085**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHIL SCHUH MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,000.	0.	0.	0.	0.	325,000.	0.
(2) PAUL HARRINGTON MEMBER	(i)	10,000.	0.	0.	0.	0.	10,000.	0.
	(ii)	130,000.	0.	0.	13,000.	0.	143,000.	0.
(3) LOU GOODMAN MEMBER	(i)	10,000.	0.	0.	0.	0.	10,000.	0.
	(ii)	550,004.	194,422.	152,134.	113,700.	29,287.	1,039,547.	0.
(4) JENNIFER HANSCOM MEMBER	(i)	10,000.	0.	0.	0.	0.	10,000.	0.
	(ii)	179,894.	27,279.	7,000.	8,567.	10,141.	232,881.	0.
(5) DUSTIN CORCORAN MEMBER	(i)	10,000.	0.	0.	0.	0.	10,000.	0.
	(ii)	441,000.	205,000.	33,887.	24,300.	41,057.	745,244.	0.
(6) ROBERT SELIGSON TREASURER	(i)	12,000.	0.	0.	0.	0.	12,000.	0.
	(ii)	362,718.	0.	50,851.	0.	0.	413,569.	0.
(7) LARRY DOWNS SECRETARY	(i)	12,000.	0.	0.	0.	0.	12,000.	0.
	(ii)	214,248.	0.	8,570.	0.	0.	222,818.	0.
(8) JOHN DORMAN COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	341,744.	69,384.	66,385.	54,000.	12,310.	543,823.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE PHYSICIANS FOUNDATION, INC.

Employer identification number

20-0914085

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$ _____					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NORBECK ASSOCIATES, LLC	OWNED BY CEO TIM NO	300,000.	PROVIDES CE		X
TYPOMD.COM, LLC	OWNED BY FORMER COO	60,000.	PROVIDES CO		X
COO INFORMATICS, LLC	OWNED BY COO JOHN D	125,000.	PROVIDES CO		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NORBECK ASSOCIATES, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY CEO TIM NORBECK

(D) DESCRIPTION OF TRANSACTION: PROVIDES CEO-LEVEL MANAGEMENT SERVICES;

TRANSACTIONS ARE AT ARMS-LENGHT AND FAIR VALUE

(A) NAME OF PERSON: TYPOMD.COM, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY FORMER COO BILL MAHON

(D) DESCRIPTION OF TRANSACTION: PROVIDES CONSULTING SERVICES

(A) NAME OF PERSON: COO INFORMATICS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY COO JOHN DORMAN

(D) DESCRIPTION OF TRANSACTION: PROVIDES COO-LEVEL MANAGEMENT SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE PHYSICIANS FOUNDATION, INC.

Employer identification number

20-0914085

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF HEALTH CARE FOR ALL AMERICANS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVOLVING HEALTHCARE ENVIRONMENT, IN A MANNER THAT CONSTITUTES
CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH: INITIATED A PATIENT SURVEY TO OBTAIN A MORE DETAILED
UNDERSTANDING OF HOW THE AFFORDABLE CARE ACT, AS WELL AS OTHER ASPECTS
OF HEALTHCARE AND HEALTHCARE REFORM IMPACT PATIENTS' PERCEPTIONS.

SUPPORTED RESEARCH AND PUBLICATION ON HEALTH CARE COST AS RELATED TO
HEALTH CARE REFORMS.

OTHER PROGRAM SERVICES CONDUCTED IN CONNECTION WITH THE FOUNDATION'S
STATED CHARITABLE PURPOSE WHICH IS TO PROMOTE HIGH QUALITY HEALTHCARE.
EXPENSES \$ 269,580. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

THE FOUNDATION HAS CONTRACTS WITH INDEPENDENT CONTRACTORS WHO PROVIDE
SERVICES AS CHIEF EXECUTIVE OFFICER (CEO) AND CHIEF OPERATING OFFICER
(COO). THE COMPENSATION PAID TO THESE INDIVIDUALS HAS BEEN DISCLOSED ON
PAGE 8, PART VII, SECTION B.

Name of the organization THE PHYSICIANS FOUNDATION, INC.	Employer identification number 20-0914085
---	--

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

THE FOUNDATION'S SUPPORTED ORGANIZATIONS HAVE THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE COO AND DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST NO LESS FREQUENTLY THAN ANNUALLY. THE BOARD OF DIRECTORS REVIEWS THE DISCLOSURES AND ENSURES ALL TRANSACTIONS ARE FAIR TO THE FOUNDATION. IF THE POLICY IS VIOLATED, THE BOARD OF DIRECTORS MAY VOID THE CONTRACT OR TRANSACTION AND RECOVER DAMAGES OR MODIFY THE PRICE AND TERMS TO MATCH WHAT THE FOUNDATION WOULD RECEIVE IN AN ARM'S-LENGTH NEGOTIATION.

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

IN 2015, THE BOARD OF DIRECTORS CONTRACTED WITH AN INDEPENDENT COMPENSATION CONSULTANT TO ENSURE THAT AMOUNTS PAID TO DIRECTORS AND TO THE LLC'S PROVIDING CEO AND COO SERVICES TO THE FOUNDATION ARE NOT EXCESSIVE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE PHYSICIANS FOUNDATION, INC.

Employer identification number

20-0914085

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALASKA STATE MEDICAL ASSOCIATION - 92-6002176, 4107 LAUREL ST, ANCHORAGE, AK 99508	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	ALASKA	501(C)(6)				X
CALIFORNIA MEDICAL ASSOCIATION - 94-0359340 1201 J STREET SUITE 200 SACRAMENTO, CA 95814	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	CALIFORNIA	501(C)(6)				X
CONNECTICUT STATE MEDICAL SOCIETY - 06-0665164, 127 WASHINGTON AVE EAST. 3RD FLOOR, NORTH HAVEN, CT 06473	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	CONNECTICUT	501(C)(6)				X
DENTON COUNTY MEDICAL SOCIETY - 75-1676014 3537 S INTERSTATE 35 E, STE 302 DENTON, TX 76210	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	TEXAS	501(C)(6)				X

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
EL PASO COUNTY MEDICAL SOCIETY - 74-1238007 730 CITADEL DR EAST, SUITE 206 COLORADO SPRINGS, CO 80909	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	COLORADO	501(C)(6)				X
FLORIDA MEDICAL ASSOCIATION - 59-0559672 1430 PIEDMONT DR. E TALLAHASSEE, FL 32308	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	FLORIDA	501(C)(6)				X
HAWAII MEDICAL ASSOCIATION - 99-0067306 1360 S BERETANIA ST, #200 HONOLULU, HI 96814	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	HAWAII	501(C)(6)				X
LOUISIANA STATE MEDICAL SOCIETY - 72-0386637 6767 PERKINS ROAD, SUITE 100 BATON ROUGE, LA 70808	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	LOUISIANA	501(C)(6)				X
MEDICAL ASSOCIATION OF GEORGIA - 58-0605267 1849 THE EXCHANGE, SUITE 200 ATLANTA, GA 30339	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	GEORGIA	501(C)(6)				X
MEDICAL SOCIETY OF NEW JERSEY - 21-0601684 TWO PRINCESS ROAD LAWRENCEVILLE, NJ 08648	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	NEW JERSEY	501(C)(6)				X
MEDICAL SOCIETY OF NEW YORK - 13-1030760 865 MERRICK AVE, SUITE 200 WESTBURY, NY 11590	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	NEW YORK	501(C)(6)				X
MEDICAL SOCIETY OF NORTHERN VIRGINIA - 54-0739279, 4604 JONES BRANCH DR, SUITE 3150, MCLEAN, VA 22102	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	VIRGINIA	501(C)(6)				X
NEBRASKA MEDICAL ASSOCIATION - 47-0372108 233 S 13TH STREET, SUITE 1200 LINCOLN, NE 68508	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	NEBRASKA	501(C)(6)				X
NEW HAMPSHIRE MEDICAL SOCIETY - 02-0223176 7 NORTH STATE DTREET CONCORD, NH 03301	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	NEW HAMPSHIRE	501(C)(6)				X
NORTH CAROLINA MEDICAL ASSOCIATION - 56-0320130, PO BOX 27167, RALEIGH, NC 27611	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	NORTH CAROLINA	501(C)(6)				X
SOUTH CAROLINA MEDICAL ASSOCIATION - 57-0248750, 132 WESTPARK BLVD, COLUMBIA, SC 29210	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	SOUTH CAROLINA	501(C)(6)				X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
TENNESSEE MEDICAL ASSOCIATION - 62-0382010 701 BRADFORD AVENUE NASHVILLE, TN 37204	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	TENNESSEE	501(C)(6)				X
TEXAS MEDICAL ASSOCIATION - 74-1078510 401 WEST 15TH STREET, SUITE 100 AUSTIN, TX 78701	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	TEXAS	501(C)(6)				X
VERMONT MEDICAL SOCIETY - 03-0164911 P.O. BOX 1457 MONTPELIER, VT 05601	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	VERMONT	501(C)(6)				X
WASHINGTON STATE MEDICAL ASSOCIATION - 91-0462170, 2001 SIXTH AVE, SUITE 2700, SEATTLE, WA 98121	PROFESSIONAL SOCIETY REPRESENTING PHYSICIANS	WASHINGTON	501(C)(6)				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SOUTH CAROLINA MEDICAL ASSOCIATION	P	638.	FMV
(2) CALIFORNIA MEDICAL ASSOCIATION	P	5,238.	FMV
(3) CALIFORNIA MEDICAL ASSOCIATION	M	346,609.	CONTRACTED AMOUNT
(4) MEDICAL SOCIETY OF NEW JERSEY	P	8,719.	FMV
(5) MEDICAL SOCIETY OF THE STATE OF NY	P	7,642.	FMV
(6) MEDICAL SOCIETY OF THE STATE OF NY	R	7,500.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) TEXAS MEDICAL ASSOCIATION	P	41,704.	FMV
(8) TEXAS MEDICAL ASSOCIATION	M	100,000.	CONTRACTED AMOUNT
(9) WASHINGTON STATE MEDICAL ASSOCIATION	P	8,039.	FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

Part VII Supplemental Information.

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

Multiple horizontal lines for providing supplemental information.