Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

A	FOI LII	e 2012 Calendar year, or tax year beginning	ending	2	
В	Check if applicab	C Name of organization		D Employer identif	ication number
	Addre				
	Name chang			26-1	300361
	Initial		Room/suite	E Telephone numbe	er
	Termi	140 SAW MILL RIVER ROAD			920-5081
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	3,535,514.
	Application	YONKERS, NY 10701		H(a) Is this a group r	eturn
	pendi	F Name and address of principal officer:DANIELLE BUTIN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.AFYAFOUNDATION.ORG		H(c) Group exemption	on number >
K	Form of	forganization: X Corporation Trust Association Other	L Year	of formation: 2008	M State of legal domicile: NY
P	art I	Summary			
æ	1	Briefly describe the organization's mission or most significant activities: COLL	ECTION	AND PROVIS	ION OF
Activities & Governance		MEDICAL SUPPLIES FOR USE BY HEALTH AND RI			
ern	2	Check this box if the organization discontinued its operations or dispose			
NO.	3	Number of voting members of the governing body (Part VI, line 1a)			7
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			12
ž	6	Total number of volunteers (estimate if necessary)		6	900
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
			-	Prior Year	Current Year
ue	8	Contributions and grants (Part VIII, line 1h)		4,581,635.	3,212,434.
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 81.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		212,547.	194.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,794,263.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,393,384.	3,735,316.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,393,364.	3,733,316.
**		Benefits paid to or for members (Part IX, column (A), line 4)		317,593.	337,947.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
oeu	h	Total fundraising expenses (Part IX, column (A), line 25) 53,73	17	0.	0.
E	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		373,049.	459,000.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,084,026.	4,532,263.
		Revenue less expenses. Subtract line 18 from line 12		1,710,237.	-1,021,074.
Or	3	nevertue less expenses. Subtract line 18 from line 12		ginning of Current Year	
ets (20	Total assets (Part X, line 16)	De	2,688,728.	1,656,773.
ASS	21	Total liabilities (Part X, line 26)		12,653.	1,772.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		2,676,075.	1,655,001.
P	art II	Signature Block	*******	2701070131	1/033/001:
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y miowiougo and bonor, it is
	,, 001100	A and completel popularity property (constraint of the passes of an information of the	non proparor	That any knownedge.	
Sig	ın	Signature of officer		Date	
He		DANIELLE BUTIN, CEO			
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	ANTHONY DATTOMA		if self-employ	P00237982
	parer	Firm's name GRASSI & CO., CPA'S P.C.		Firm's EIN	11-3266576
	Only	Firm's address 488 MADISON AVENUE			
		NEW YORK, NY 10022		Phone no. 2	12-832-1110
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	-				

4d	Other program	services	(Describe in	Schedule O.)
	1=			To be to be a set from the control of

e Total program service expenses ► 4,371,842.

Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			300
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		A
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			COLUMN TO SERVICE
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	- 1.2		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			27,022
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
0.5	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	2010
				11111

Part IV Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O Form 990 (2012)

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response to any question in this Part V					
be Enter the number of Forms W26 included in line 1a. Enter o- if not applicable Oil the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Woge and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of innes 1 and 32 is greater than 250, you may be required to e-five einstructions; 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did with organization have unrelated business gross income of \$1,000 or more during the year? 4 Diff Yes, and the during the calendar year, did the organization for sheelines account, or their financial account!? 5 Diff Yes, and the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account!?) 5 Diff Yes, and the department of the foreign country. In the same account, securities account, or other financial account! 5 Did any taxable party notify the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8865.7? 5 Did any taxable party notify the organization file Form 8866.7? 5 Did the organization have amaligness receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 Did the organization have amaligness receipts that are normally greater than \$100,000, and did the organization solicity and the organization in the development of the solicity of the goods or services provided? 5 Did the organization receive a payment in excess of \$5 mate						Yes	No
be Enter the number of Forms W26 included in line 1a. Enter o- if not applicable Oil the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Woge and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of innes 1 and 32 is greater than 250, you may be required to e-five einstructions; 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did with organization have unrelated business gross income of \$1,000 or more during the year? 4 Diff Yes, and the during the calendar year, did the organization for sheelines account, or their financial account!? 5 Diff Yes, and the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account!?) 5 Diff Yes, and the department of the foreign country. In the same account, securities account, or other financial account! 5 Did any taxable party notify the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8865.7? 5 Did any taxable party notify the organization file Form 8866.7? 5 Did the organization have amaligness receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 Did the organization have amaligness receipts that are normally greater than \$100,000, and did the organization solicity and the organization in the development of the solicity of the goods or services provided? 5 Did the organization receive a payment in excess of \$5 mate	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b Lith the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to pizze withores? 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 28.0, un may be required to e-file (see instructions) 3a Did the organization have unrelated business greater than 28.0, un may be required to e-file (see instructions) 3b Life thoreof the complex states are stated to e-file (see instructions) 3c Did the organization have unrelated business greater than 28.0, un may be required to e-file (see instructions) 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3c A Lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A Lary time the name of the foreign country. 5b If "Yes," an interest the name of the foreign country. 5c Was the organization appropriation of Form 10 Foreign 22.1, Report of Foreign Bank and Financial Accounts. 5c If "Yes," to line 5a or 5b, clid the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, clid the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, clid the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, clid the organization file Form 8886-1? 6c If "Yes," to line 5a or 5b, clid the organization file Form 8886-1? 6d If "Yes," the organization have a subject to the subject of the great state of the support of the subject of the great state of the subject of the great state of the organization state and state of the subject the great state of the subject of the great state of the organization file form 8282 is required to native and state of the sup			1b	0			-
See instructions for file proper services and a services and services				ble gaming			
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements. 12					1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5b if Yes, *insert the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b id any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *it oline \$a or \$5, did the organization file Form 8886-1? 6a Does the organization and authorization file Form 8886-1? 6b organization start were not tax deductible as charitable contributions? 6c If Yes, *it oline \$a or \$5, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c If Yes, *it did the organization notify the donor of the value of the goods or services provided? 7c Zy At Yes, *Id the organization netwer applient in excess of \$75 made party as a contribution of under a party for goods and services provided to the payor? 7a X Yes, *Id the organization receive a pyriment in excess of \$75 made party as a contribution of under the payor? 7b If Yes, *Id the organization receive a contribution of undersective, to pay premiums on a personal benefit contract? 7c X If If If Yes, *If If If Yes, *If If	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater han 260, you may be required to relie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the mane of the foreign country: 5b If 'Yes,' reter the name of the foreign country: 5c If 'Yes,' to line 3a or 3b, did the organization that it was or it a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 3a or 3b, did the organization that it was or it a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 3a or 3b, did the organization that it was or it a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 3a or 3b, did the organization that it was or it a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 3a or 3b, did the organization that it was or it a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 3a or 3b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7d If 'Yes,' did the organization neceive a pyremium in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7d If 'Yes,' did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization flow and the payor and the payor and the payor and the payo		filed for the calendar year ending with or within the year covered by this return	2a	12			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-T for this year? if "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. 8a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-17? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," to line did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If Did the organization sell, exchange, or display the property of the organization file Form 8899 as req	b		ms?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 4b if "Yes," enter the name of the foreign country: P 5e einstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization file Form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? 6a X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization notify the donor of the value of the goods or services provided to the payor? 7 The object of the Form 8282? 16 If "Yes," indicate the number of Forms 8282 filed during the year 17 Eyes," indicate the number of Forms 8282 filed during the year 18 Just the organization received a contribution of cars, boats, simplense, or other velocies, did the organization molecule or other section 4966? 18 Sponsoring organizations maintaining donor advised funds and section 5968, and payonation file Form 8899 as required? 19 Sponsoring organization make any taxable distributions under section 4968? 10 Section 501(c)(72) organizations. Enter: 11 If "Yes," enter the amount of trace-weep organization included on		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			700	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(p). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X X 7b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization, during the year young the group of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7r Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8ponsoring organization seniors and provided the provided the organizations. Did the supporting organization is ma	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	********		За		X
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a Initiation fees and capital contributions included on Part VIII, line 12			*******	***************************************			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1	а		10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15a 15a 17a 17a 18a 19a 18b 19a 19a 19a 19a 19a 19a 19a 19	12a		1041?	•	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand	b						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans			Charle		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				7-
					100000		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		-	000	(0040)

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Form 990 (2012) THE AFYA FOUNDATION OF AMERICA, INC. 26-1300361 Page
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 to any question in this Part VI					A
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	./		United N	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD.		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			9		
occ	tion B. Policies (file Section B requests illiomation about policies not required by the internal h	everiu	e code.)		Yes	No
100	Did the experientian have lead shorters bronches as officiated?			10a	res	No X
	Did the organization have local chapters, branches, or affiliates?			iua		21
D	If "Yes," did the organization have written policies and procedures governing the activities of such c			401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bero	ire filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40		v
172	Did the organization have a written conflict of interest policy? If "No," go to line 13		fliata O	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		Commence in the Commence of th	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
40	in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Λ_
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			7.5
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's	5116		
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	T (Sect	ion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organiza	tion:		
	DANIELLE BUTIN - 914-338-7034					
	140 SAW MILL RIVER ROAD, YONKERS, NY 10701					
12-10-	12			Form	990	(2012)

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

Check if Schedule O contains a response to any question 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.

(A) Name and Title	(B) Average hours per week	box	not o	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIELLE N. BUTIN	40.00	x		x				102 046	0.	0
CEO (2) CHRISTOPHER A. LANGSTON	1.00	Λ		Λ		\vdash		103,846.	0.	0
CHAIRMAN	1.00	X		х				0.	0.	0
(3) ROGER O'SULLIVAN	1.00	1		Λ				0.	0.	0
SECRETARY	1.00	x		X				0.	0.	0
(4) DAVID BOWEN	2.00									
TREASURER		X		X				0.	0.	0
(5) EDWIDGE J. THOMAS	1.00									
BOARD MEMBER		X						0.	0.	0
(6) LLOYD GAYLE	1.00									
BOARD MEMBER		X						0.	0.	0
(7) JOHN DIETZ	1.00							NAME OF THE PARTY	(000)	
BOARD MEMBER		Х						0.	0.	0
(8) ALLEN PERL	1.00									_
BOARD MEMBER	1.00	X						0.	0.	0
(9) JANE ZARETSKY BOARD MEMBER	1.00	х						0.	0.	0

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I a	Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	a H	igne	St C	ompensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	(do not check more than one					h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trus les or director	Institutional trustee	Officer	кеу епріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	fr org	pensa om the anizat d relat	e ion ed
			_	_		_					1			
							\vdash							
											+		11	
							\vdash				+			
							L				_			
											+			
_							\vdash				+			_
											4			
1b	Sub-total						•		103,846.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								103,846.		0.			0.
2	Total number of individuals (including but						e) wh	no re		0,000 of reportable				
	compensation from the organization				-	-	_				_		Yes	No No
3	Did the organization list any former officer													v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	n and	oth	ner compensation from	the organization		3		Х
5	and related organizations greater than \$15											4		X
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	arrangement of the second										5		X
	tion B. Independent Contractors										1.0.0.00			
1	Complete this table for your five highest combensation. Report compensation for										ensa	tion f	rom	
	(A) Name and business			ONE					(B) Description of s		Co	(C) nsation	n
								1	•					
								+						
_			_	_	_	_		+						
_								+						
2	Total number of independent contractors (Contract the Contract of the C	ot lir	mite	d to	tho	se lis	sted	above) who received m	nore than				
	\$100,000 of compensation from the organ	Zation				-	•							

Form 990 (2012)

		Check if Schedule O cont	tains a response	to any question i	n this Part VIII			X
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, C		Fundraising events						
Gift		Related organizations						
S'E		Government grants (contribut						
tion r S	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo		212,434.				
dit	g	Noncash contributions included in lines	1a-1f: \$ 2	820,110.				
a Co	h	Total. Add lines 1a-1f			3,212,434.			
				Business Code				
e	2 a							
e Z	b							
Sch	C							
lev ev	d							
Program Service Revenue	е							
۱ ۵	f							
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including			101			
		other similar amounts)			194.			194.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		A AND A COURT OF THE PARTY OF T				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
enne	оа							
vei		including \$contributions reported on line						
a l		Part IV, line 18	a market particular	92,800.				
Other Rev	h	Less: direct expenses		24,325.				
δ		Net income or (loss) from fund		21/0201	68,475.			68,475.
		Gross income from gaming ac	A DESCRIPTION OF SECURITION OF					00/1/50
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						Name and Address of the Owner, where the Owner, which the
		Gross sales of inventory, less					KI A SEE VALUE	
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		•				
- 1		Miscellaneous Revenu		Business Code				
ı	11 a	SALES OF SHIPPI		423000	230,086.	230,086.		
	b							
	C							
	d	All other revenue						
		Total. Add lines 11a-11d			230,086.			
	12	Total revenue. See instructions.		>	3,511,189.	230,086.	0	. 68,669.
232009	12							Form 990 (2012)

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 to any question in this Part IX (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the 3,735,316. 3,735,316. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 103,846. 83,077. 20,769. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 234,101. 177,142. 46,821. 10,138. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal 9,625. 7,219. 2,406. Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,049. 1,536. 513. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,953. 12,558. 1,395. Office expenses 13 7,335. 733. 6,602. 14 Information technology 15 Royalties 97,366. 84,708. 9,737. 2,921. 16 Occupancy 183,125. 183,125. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 5,792. 6,436. 644. Depreciation, depletion, and amortization 22 4,562. 3,056. 1,506. Insurance 23 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.) 66,409. 66,409. SHIPPING & DELIVERY FUNDRAISING EXPENSE 40,658. 40,658. c MISCELLANEOUS EXPENSE 13,073. 13,073. d WAREHOUSE EXPENSES 12,069. 12,069. 2,340. 2,340. e All other expenses 4,532,263. 4,371,842. 106,704. 53,717. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response to any question	n this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		147,857.	1	34,236
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		16,253.	4	0
5	Loans and other receivables from current and former office				
	trustees, key employees, and highest compensated emplo				
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persor				
	section 4958(f)(1)), persons described in section 4958(c)(3)				
	employers and sponsoring organizations of section 501(c)(
	employees' beneficiary organizations (see instr). Complete			6	
2 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use		2,497,702.	8	1,596,138
9	Prepaid expenses and deferred charges			9	
1988	Land, buildings, and equipment: cost or other			3	
	basis. Complete Part VI of Schedule D 10a	33,609.			
b	Less: accumulated depreciation 10b	20,210.	14,916.	10c	13,399
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		12,000.	15	13,000
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,688,728.	16	1,656,773
17	Accounts payable and accrued expenses		12,653.	17	1,772
18	Grants payable		/	18	-,
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
200	Escrow or custodial account liability. Complete Part IV of S			21	
22	Loans and other payables to current and former officers, d				
21 22	key employees, highest compensated employees, and disc				
ĭ	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third p	arties		23	
24	Unsecured notes and loans payable to unrelated third part			24	
25	Other liabilities (including federal income tax, payables to re				
	parties, and other liabilities not included on lines 17-24). Co				
	Schedule D	NO. THE CASE OF THE PROPERTY OF THE PARTY OF		25	
26	Total liabilities. Add lines 17 through 25		12,653.	26	1,772
	Organizations that follow SFAS 117 (ASC 958), check he	ere X and			
20	complete lines 27 through 29, and lines 33 and 34.	The state of the s			
27 28 29 30 31 32	Unrestricted net assets		2,676,075.	27	1,655,001
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
5	Organizations that do not follow SFAS 117 (ASC 958), c				
5	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 fu			31	
32	Retained earnings, endowment, accumulated income, or or			32	
33	Total net assets or fund balances		2,676,075.	33	1,655,001
34	Total liabilities and net assets/fund balances		2,688,728.	34	1,656,773
					Form 990 (2012

Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX. column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,021,074. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,676,075. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990:	Pai	rt XI Reconciliation of Net Assets				_
2 Total expenses (must equal Part IX, column (A), line 25) 2 4,532,263. 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,021,074. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,676,075. 5 Net unrealized gains (losses) on investments 5 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)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization is financial statements compiled or reviewed by an independent accountant? 2a X 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 in Independent accountant? 2b X 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," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2c X 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: 2c X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Se		Check if Schedule O contains a response to any question in this Part XI				
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Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Cash		column (B))	10	1,65	5,0	01.
Yes No	Pa	rt XII Financial Statements and Reporting	27			
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response to any question in this Part XII				X
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Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
Separate basis		separate basis, consolidated basis, or both:				
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: X 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? 3a X						
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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? 3a X						
Act and OMB Circular A-133?	3a					
			3.01.001	3a		X
	b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3h		
Form 990 (2012)		and a series of parameters of the series of	***************		990	2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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. See separate instructions.

Open to Public Inspection

Name of the organization

THE AFYA FOUNDATION OF AMERICA, INC. Employer identification number 26-1300361

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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col.
(i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

232021

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 THE AFYA FOUNDATION OF AMERICA, INC.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a 26-1300361 Page 2

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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and						,,,		
	membership fees received. (Do not								
	include any "unusual grants.")	175,220.	2,284,856.	4,356,590.	4,581,635.	3,212,434.	14,610,735.		
2	Tax revenues levied for the organ-								
	ization'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	175,220.	2,284,856.	4,356,590.	4,581,635.	3,212,434.	14,610,735.		
	The portion of total contributions				MEG LEGIS				
	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.						14,610,735.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	175,220.	2,284,856.	4,356,590.	4,581,635.	3,212,434.	14,610,735.		
	Gross income from interest,								
	dividends, payments received on		1	1					
	securities loans, rents, royalties								
	and income from similar sources		21.	139.	81.	194.	435.		
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 IV.)				- 1				
11	Total support. Add lines 7 through 10						14,611,170.		
	Gross receipts from related activities,	etc. (see instructio	ns)			12 1,	087,047.		
	First five years. If the Form 990 is for								
	organization, check this box and stop	here					X		
Sec	ction C. Computation of Publ	ic Support Per	centage						
14	Public support percentage for 2012 (I	ine 6, column (f) div	vided by line 11, co	lumn (f))		14	%		
	Public support percentage from 2011					15	%		
	33 1/3% support test - 2012. If the o					ore, check this box			
	stop here. The organization qualifies	as a publicly suppo	orted organization				>		
b	33 1/3% support test - 2011. If the o								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2012. 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 "fac								
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test								
	more, and if the organization meets th								
	organization meets the "facts-and-circ				7.				
18	Private foundation. If the organization						SOURCE CONTROL SECTION AND ADDRESS OF THE PROPERTY OF THE PROP		
					2000 A CA	dule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	, , ,						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(4	e) 2012	(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			1				
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ŀ	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							
(Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)				No. of the last of			
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(6	e) 2012	(f) Total
9	Amounts from line 6			1				
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	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							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (Add lines 9, 10c, 11, and 12.)			1 5 Jan 1900				
14	First five years. If the Form 990 is for t	ne organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
000	check this box and stop here							
	ction C. Computation of Public							
	Public support percentage for 2012 (lin			olumn (f))		15		%
	Public support percentage from 2011 S					16		%
	ction D. Computation of Invest							1170000
	Investment income percentage for 201					17		%
	Investment income percentage from 20					18		%
19a	33 1/3% support tests - 2012. If the o						6, and line 1	7 is not
	more than 33 1/3%, check this box and				1.00			
b	33 1/3% support tests - 2011. If the o							
20	line 18 is not more than 33 1/3%, chec							
20	Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structio	ns	

Schedule B (Form 990, 990-EZ,

or 990-PF)

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

THE AFYA FOUNDATION OF AMERICA, INC.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

26-1300361

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year**>** \$_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANTELLE PUTTR	\$9,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE VELAJ FOUNDATION	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERICAN JES SUFFICE COSS	\$185,456.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PATH STEVENS .	\$8,748.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CLANDIA SCHOLOFF FIND 14 RESCRIBE PLACE, ANT. 14	\$5,000.	Person X Payroll
(a) No.	(b) Name address and 7ID - 4	(c) Total contributions	(d) Type of contribution
6	DANIELE REELAN AD E TREBULEE DESVE	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	1-12	Schedule B (Form !	990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GNYHA VENTUREN INC 555 WEST APTH CHEET NEW DEG NY DULG	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KATHY AND SCOTT GRUNGAN 1. 4 ALSS JON BLLU SCAD 2. 20876	\$ 6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARK AND SUZAMNE DUSMITS	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SCARSDALE HIGH EQUADA.	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THE SOROLOFF POUNDELLOR	\$\$, 8,500.	Person X Payroll
(a) No.	(b) Name. address. and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AVENUE CAPATAL MANUSEMENT	\$\$\$\$\$\$\$\$\$	Person X Payroll
223452 12-21	-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional actions and the copies of Part I if additional actions are contributors.	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HOSPITA 535 est		Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GREENWEICE BUSPIEKE	ss	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MEMORIAL SLOAM RETTERING	s203,947.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	859 F	s170,574.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MESTCHESTER MELTER CONTRA	\$159,450.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	E30 MEST TOLIN BINESS	\$152,033.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
223452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
19		Total contributions	Type of contribution
	WEITL CORRELL PERIODS COLUMNS EDDE HER PERIODS V 1 1 DEF	\$152,033.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MOCRY SINAI ROSPITAL	\$140,909.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ST LUEES: ROCSEVELT HOSP AL CIDTER	\$140,909.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MADRI 121 M STREET ST 4301.	\$137,201.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	DCT STORY BROOK RIENSY CE (ER	s118,660.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name. address. and ZIP ± 4	(c) Total contributions	(d) Type of contribution
24	RED CROSS- GREENFICH CHAR TR	\$ <u>118,660.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NEW YORK BLOOD CENTER, INC.	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	CRUTECHES 4 NUMBER OF STREET	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	EAST COAST ORTHOTIC & PROTECTS 7- 1-129 1031 PRIVE	\$66,7 4 6.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	POLIMOVIDER MOSPETAL ESTE LUTELAUS EN	\$ 63,038.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	NYT LANGORT MEDITI-L CENTER.	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE FOUNTAIN AT REVERVER	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
223452 12-21	-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	PERMIX- HILDON 160 CIRCLU DELVE NORTH CIRCLED WAY HE 18854	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	CARDIOVISCULAR LIVER BEST AND SEVERE BAY	\$\$5,957.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	AND HURSING CENTER	\$11,124.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ST. HILDA'S'S ATALERH CHOOL	\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	MEDLINE FIGURE C CLIUDIETONE, 1 0946	\$8,865.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name address and ZID : 4	(c) Total contributions	(d) Type of contribution
36	FAXTON ST. LUSE'S HEALTED FS	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
223452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	STATERALE CHELERANS LA AL	s50,440.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	JAMONIA MARCHE LOT LE BOR ROAD MARCH 1356	\$\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	ST. JOHNS RIVERSIDE SET MORIE LEGALMAI	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-21		\$\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	MEDICAL & NON-MEDICAL SUPPLIES	_	1
		\$\$ <u>244,737.</u>	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	MEDICAL & NON-MEDICAL SUPPLIES	_	
		\$211,363.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	MEDICAL & NON-MEDICAL SUPPLIES	_	
15			12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	MEDICAL & NON-MEDICAL SUPPLIES		
		<u> </u>	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	MEDICAL & NON-MEDICAL SUPPLIES		
		\$\$ <u>159,450.</u>	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18	MEDICAL & NON-MEDICAL SUPPLIES		
		s 152,033.	12/31/12

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1.0	MEDICAL & NON-MEDICAL SUPPLIES		
19			
		\$\$	12/31/12
(a) No.	<i>n</i>	(c)	4-0
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I	MEDICAL & NON-MEDICAL SUPPLIES	(See Ilisu detions)	
20	madicina a non impicina dollaria		
		\$140,909.	12/31/12
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
21	MEDICAL & NON-MEDICAL SUPPLIES		
21			
		\$\$	12/31/12
(a) No.	(h)	(c)	(4)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	MEDICAL & NON-MEDICAL SUPPLIES		
22			
		\$\$	12/31/12
(a) No.	(1-)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I	MEDICAL & NON-MEDICAL SUPPLIES	(coo mea actione)	
23			
		— s 118,660.	12/31/12
	9		
(a) No.	(b)	(C)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	MEDICAL & NON-MEDICAL SUPPLIES		
24			
		\$ 118,660.	12/31/12 90, 990-EZ, or 990-PF) (3

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	MEDICAL & NON-MEDICAL SUPPLIES	_	
		sss	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	MEDICAL & NON-MEDICAL SUPPLIES	_	
		s66,746.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	MEDICAL & NON-MEDICAL SUPPLIES	_	
		s66,746.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
28	MEDICAL & NON-MEDICAL SUPPLIES	_	
		\$63,038.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29	MEDICAL & NON-MEDICAL SUPPLIES	_	
		s40,789.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
30	MEDICAL & NON-MEDICAL SUPPLIES	_	
			12/31/12

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	MEDICAL & NON-MEDICAL SUPPLIES	_	
		\$\$	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
32	MEDICAL & NON-MEDICAL SUPPLIES		
		\$\$	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
33	MEDICAL & NON-MEDICAL SUPPLIES	_	
		\$11,124.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	MEDICAL & NON-MEDICAL SUPPLIES	_	
		s	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
35	MEDICAL & NON-MEDICAL SUPPLIES	_	
		s8,865.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
36	MEDICAL & NON-MEDICAL SUPPLIES		
		s 197,887.	12/31/12

Employer identification number

THE AFYA FOUNDATION OF AMERICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2.7	MEDICAL & NON-MEDICAL SUPPLIES		
37		s50,440.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20	MEDICAL & NON-MEDICAL SUPPLIES		
38		s13,297.	12/31/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MEDICAL & NON-MEDICAL SUPPLIES		
39			12/31/12
		- 111/013.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 12-2	1-12		90, 990-EZ, or 990-PF) (2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

THE AFYA FOUNDATION OF AMERICA, INC.

Employer identification number 26-1300361

Pa	The state of the s		or Accounts. Complete if the				
_	organization answered "Yes" to Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) porior advised raries	(b) rands and other accounts				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advise	d funds				
3	are the organization's property, subject to the organization's ex						
6	Did the organization inform all grantees, donors, and donor adv						
0	for charitable purposes and not for the benefit of the donor or o	grade de como esta esta estado en como de contrata en la contrata de como contrata de contrata en contrata de c	ACCOUNTY OF THE POST OF THE PO				
		donor advisor, or for any other purpose of					
Pa	rt II Conservation Easements. Complete if the organ						
	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area						
	Protection of natural habitat	Preservation of a certifi					
	Preservation of open space	1 10001 (41.011 01 4 001.111	od motorio otraotaro				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	f a conservation easement on the last				
_	day of the tax year.	a conservation contribution in the form o	a donservation easement on the last				
	day of the tan your		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified historic structure						
d			200202				
=	listed in the National Register						
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	organization during the tax				
	year▶	,	- garranton cannig the tan				
4	Number of states where property subject to conservation easer	ment is located >					
5	Does the organization have a written policy regarding the period						
	violations, and enforcement of the conservation easements it he		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, an						
7	Amount of expenses incurred in monitoring, inspecting, and enf	forcing conservation easements during t	he year ▶ \$				
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense s	statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes th	ne organization's accounting for				
	conservation easements.						
Pai	t III Organizations Maintaining Collections of A		ner Similar Assets.				
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	ent and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherand	ce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describes	s these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of publ	ic service, provide the following amounts				
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		> \$				
2	If the organization received or held works of art, historical treasu						
	the following amounts required to be reported under SFAS 116						
a	Revenues included in 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. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

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

2. FIN 48 (ASC 740) Footnote. 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

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TH:	E AFYA FOUNDA	TION OF	AMERICA,	INC.		26-13003				
	rt I General Info	rmation on A	ctivities Ou	tside the United States. Complet	te if the organ	ization answered	"Yes"			
	to Form 990, Par									
1				ds to substantiate the amount of its gra			J., D.,			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	Yes No			
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside to										
		United States.								
3										
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program		ivity listed in (d) (f) Total expenditures				
		in the region	employees, agents, and independent contractors	services, investments, grants to		specific type	for and			
			contractors	recipients located in the region)		ce(s) in region	investments in region			
			in region				- maraginari			
6										
							+			
							1			
3 a	Sub-total	0	0				0.			
	Total from continuation						7			
	sheets to Part I	0	0				0.			
С	Totals (add lines 3a									
	and 3b)	0	0				0.			
HA	For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2012			

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

								(a) Name of organization
								(b) IRS code section and EIN (if applicable)
SUB-SAHARAN AFRICA - ANGOLA,	SUB-SAHARAN AFRICA - ANGOLA,	SUB-SAHARAN AFRICA - ANGOLA,	SUB-SAHARAN AFRICA - ANGOLA,	SUB-SAHARAN AFRICA - ANGOLA,	CENTRAL AMERICA AND THE CARIBBEAN	SUB-SAHARAN AFRICA - ANGOLA,	CENTRAL AMERICA AND THE CARIBBEAN	(c) Region
AID TO RELIEF ORGANIZATION	AID TO RELIEF ORGANIZATION	AID TO RELIEF ORGANIZATION	AID TO HEALTH & RELIEF ORGANIZATION	AID TO HEALTH & RELIEF ORGANIZATION	AID TO HEALTH & RELIEF ORGANIZATION	AID TO HEALTH & RELIEF ORGANIZATION	AID TO HEALTH & RELIEF ORGANIZATION	(d) Purpose of grant
0.	0.	0.	0.	0.	0.	0.	0.	(e) Amount of cash grant
								(f) Manner of cash disbursement
MEDI	4,800.	327,753.	197,887.	2,300.	446,900.	500.	73,732.	(g) Amount of non-cash assistance
MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT 753.AND SUPPLIES	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	(h) Description of non-cash assistance
NA	FMV	FMV	FMV	FMV	FMV	FMV	FMV	(i) Method of valuation (book, FMV, appraisal, other)

232072

3 Enter total number of other organizations or entities

MY

PMV

FMV

FMV

FMV

FMV

FMV

FMV

Part II

(i) Method of valuation (book, FMV, appraisal, other)

Page 2

Part II

(i) Method of valuation (book, FMV, appraisal, other)

Page 2

FMV

PMV

FMV

FMV

FMV

FMV

FMV

FMV

							(a) Name	Schedule
							1 (a) Name of organization	Schedule F (Form 990) Part II Continuation o
							(b) IRS code section and EIN (if applicable)	FGrants and Other
	CENTRAL AMERICA	SUB-SAHARAN AFRICA - ANGOLA,	MIDDLE EAST AND	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	(c) Region	er Assistance to Organization
	AID TO RELIEF	AID TO RELIEF ORGANIZATION	AID TO RELIEF	AID TO RELIEF ORGANIZATION	AID TO RELIEF ORGANIZATION	AID TO RELIEF ORGANIZATION	(d) Purpose of grant	(Form 990) THE AFYA FOUNDATION OF AMERICA, INC. 26-1300361 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)
	0.	0.	0.	0.	0.	0.	(e) Amount of cash grant	e United States
							(f) Manner of cash disbursement	(Schedule F (Form 9
	15,000	33,000	750	47,149	130,000.	21,000.	(g) Amount of non-cash assistance	m 990), Part II, line
	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	MEDICAL EQUIPMENT	(h) Description of non-cash assistance	1)
	FMV	FMV	FMV	VMA	FMV	EWA	(i) Method of valuation (book, FMV, appraisal, other)	Page 2

Schedule F (Form 990) 2012 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (a) Type of grant or assistance Part III can be duplicated if additional space is needed THE AFYA FOUNDATION OF AMERICA, INC. (b) Region (c) Number of (d) Amount of recipients cash grant (e) Manner of cash disbursement 26-1300361 (f) Amount of non-cash assistance (g) Description of non-cash assistance (h) Method of valuation (book, FMV, appraisal, other)

232073

Schedule F (Form 990) 2012

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

THE AFYA FOUNDATION OF AMERICA, INC.

Employer identification number

26-1300361 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custod or control of contributions to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 THE AFYA FOUNDATION OF AMERICA, INC. 26-1300361 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BENEFIT NONE (add col. (a) through DINNER col. (c)) (event type) (event type) (total number) Revenue 92,800 92,800. 1 Gross receipts 2 Less: Contributions 92,800. 3 Gross income (line 1 minus line 2) 92,800. 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 18,700. 18,700. Direct 7 Food and beverages 8 Entertainment 5,625. 9 Other direct expenses 5,625. 24,325 10 Direct expense summary. Add lines 4 through 9 in column (d) 68,475 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 0/6 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2012

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

232082 01-07-13

Schedule G (Form 990 or 990 EZ) 2012 THE AFYA FOUNDATION OF AMERICA, INC. 26-1300361 Page 3
11 Does the organization operate gaming activities with nonmembers? Yes V
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility 13b 5
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
14 Enter the hame and address of the person who prepares the organization's gaming/special events books and records.
Name >
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name >
Address ►
16 Gaming manager information:
Name >
Gaming manager compensation ▶ \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? Yes Volume Yes Very No. Solution in the Very No. Yes Very No. Y
organization's own exempt activities during the tax year \ \Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE AFYA FOUNDATION OF AMERICA, INC.

Employer identification number 26-1300361

Pa	rt I Types of Property					1300		
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method of c	determin		
		applicable		Form 990, Part VIII, line 1g	noncash contrib	oution a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		S16.5022000000					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	17	2,820,110.	SEE SCHEDU	LE O		
21	Taxidermy							
22	Historical artifacts						3 F	
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property reg	orted in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial							
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		X
	Does the organization hire or use third parties					-		
	contributions?					32a		X
Vicinity of the second	If "Yes," describe in Part II.	70						
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	D.	Schedule M	(Form	990) (2012

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE AFYA FOUNDATION OF AMERICA, INC.

Employer identification number 26-1300361

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED TO ALL THE BOARD MEMBERS AND TO LEGAL COUNSEL FOR THEIR REVIEW BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: POLICIES OUTLINED UNDER SECTION B OF PART VI ARE CURRENTLY BEING DEVELOPED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF ORGANIZATION'S CEO IS DECIDED UPON AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS. IN ESTABLISHING THE COMPENSATION AMOUNT, THE BOARD TOOK INTO ACCOUNT SALARY SURVEY DATA FROM GUIDESTAR AND PROFESSIONALS FOR NON-PROFITS, NEW YORK DATA.

FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE ORGANIZATION'S FINANCIAL STATEMENTS ARE FILED WITH THE NYS DEPARTMENT OF LAW AND ARE OPEN TO PUBLIC INSPECTION. OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE M - METHOD OF DETERMINING REVENUES

VALUATION OF DRUGS AND MEDICAL SUPPLIES, WHICH CONSISTS OF USED MEDICAL

SUPPLIES, IS DETERMINED BY A COMMITTEE OF MEDICAL EXPERTS, WHICH

INCLUDES BOARD

EQUIPMENT AND SURPLUS

MEMBERS AND OTHERS. DONATED ITEMS ARE GENERALLY VALUED AT 25% OF THEIR

ORIGINAL COST. ALL NONCASH CONTRIBUTIONS ARE MADE BY SECTION 501(C)(3)

ORGANIZATIONS AND THE VALUATIONS DO NOT AFFECT THE DETERMINATION OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE AFYA FOUNDATION OF AMERICA, INC.	Employer identification number 26-1300361
AMOUNTS OF ANY CHARITABLE CONTRIBUTION DEDUCTIONS.	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
THE TROCEDE THE NOT CHARGED FROM THE FRIOR TEAR.	

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)	ente de section de la la constabilité de la constabilité de la constabilité de la constabilité de la constabil La constabilité de la constabilité		
	omplete Part II unless you have already been granted ic filing (e-file). You can electronically file Form 8868 if					rporation	
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	868 to request an	extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in page	per format	(see instructions). For more details	on the ele	ctronic filing of this	s form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an auto-	matic 6-mo	onth extension - check this box and	complete			
Part I only	у						
	corporations (including 1120-C filers), partnerships, RENome tax returns.						
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nur	nber (EIN) or	
File by the	THE AFYA FOUNDATION OF AME				26-13003	61	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 140 SAW MILL RIVER ROAD	see instruc	tions.	Social se	ecurity number (SS	number (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a for YONKERS, NY 10701	oreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
			•	**************			
Application Is For	on	Return	Application			Return	
	or Form 990-EZ	Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
		02	Form 1041-A			08	
Form 990	(individual)	03	Form 4720			09	
	FT (sec. 401(a) or 408(a) trust)	04	Form 5227			10	
	-T (trust other than above)	05	Form 6069			11	
Form 990	DANIELLE BUTIN	06	Form 8870			12	
• The ho	ooks are in the care of > 140 SAW MILL R	TVER	ROAD - YONKERS NY	1070	1		
	one No. ► 914-338-7034		FAX No. ▶ 914-338-70				
THE CHAPTER CA	organization does not have an office or place of business	e in the l lr		Name of the last o			
• If this i	is for a Group Return, enter the organization's four digit	Group Eve	emption Number (GEN)	If this is fo	r the whole group	chook this	
box >	. If it is for part of the group, check this box						
	quest an automatic 3-month (6 months for a corporation				ers trie exterision	is ior.	
	AUGUST 15, 2013 , to file the exemp				The extension		
	or the organization's return for:	it organiza	tion return for the organization nam	ed above.	The extension		
	X calendar year 2012 or						
		20	d anding				
	tax year beginning	, an	d ending		- ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	refundable credits. See instructions.			3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	131 011 120 011 120 011 120 011					
_	mated tax payments made. Include any prior year overp			3b	\$	0.	
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by t	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	Зс	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in	structions.	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (Rev. 1-2013)	

223841 01-21-13

Form 8868

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

						X	
	re filing for an Automatic 3-Month Extension, comple re filing for an Additional (Not Automatic) 3-Month Ex				P		
if you a	re filing for an Additional (Not Automade) 3-Month Ex	tension, c	etia 2 manth autonaian on a provious	du filad For	m 8868		
Do not co	mplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	no to fla (6	months for a corn	oration	
lectronic	c filing (e-file). You can electronically file Form 8868 if	you need i	a 3-month automatic extension of the	ne to me (o	fights somet as	stanelon	
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	ile Form 60	oo to request an e	XIENSION	
f time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	ransters A	ssociated with Ce	rtain ,	
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details	on the elec	tronic filing of this	orm,	
risit www.	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time						
corpora	tion required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and	complete			
Part I only							
	orporations (including 1120-C filers), partnerships, REN	IICs, and	trusts must use Form 7004 to reques	st an exten	sion of time		
o file inco	ome tax returns.		was a second of the second of				
ype or	Name of exempt organization or other filer, see instru	ections.		Employer	identification num	entification number (EIN) o	
rint	W. 1000						
	THE AFYA FOUNDATION OF AME	RICA,	INC.		26-130036	51	
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, s	see instruc	ctions.	Social se	curity number (SSN	1)	
iling your eturn. See	140 SAW MILL RIVER ROAD			<u> </u>			
nstructions.	City, town or post office, state, and ZIP code. For a f YONKERS, NY 10701	oreign add	dress, see instructions.				
	, 11						
Enter the	Return code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicati	on .	Return	Application			Return	
s For	511	Code	Is For			Code	
-	or Form 990-EZ	01	Form 990-T (corporation)	<u></u>		07	
orm 990		02	Form 1041-A			08	
		03	Form 4720			09	
	0 (individual)					10	
Form 990		04	Form 5227				
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
-orm 990	T (trust other than above) DANIELLE BUTIN	06	Form 8870			12	
• The be	ooks are in the care of > 140 SAW MILL R		BOAD - VONKERS NY	1070	1		
	one No. > 914-338-7034	TADIC	FAX No. ▶ 914-338-70		-		
	organization does not have an office or place of busines	e in the II					
	s for a Group Return, enter the organization's four digit					chack this	
- T	. If it is for part of the group, check this box	7					
1 I red	quest an automatic 3-month (6 months for a corporation				ers the extension i	3 101.	
1 He			ation return for the organization nam		The extension		
io fe	or the organization's return for:	or organiza	ation retain for the organization has	ou above.	THE EXTENSION		
	X calendar year 2012 or						
		_	a d andina				
	tax year beginning	, a	nd ending		- ·		
0 1/11	1	-tl	son: Initial return	Final retur			
2 If th	ne tax year entered in line 1 is for less than 12 months,	cneck rea	son: initial return	Final retur	n		
	☐ Change in accounting period						
		0000					
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			0	
-	refundable credits. See instructions.			3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069					0	
	mated tax payments made. Include any prior year over			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your p					0.	
	using EFTPS (Electronic Federal Tax Payment System).			3c	50.6		
THE RESERVE OF THE PERSON NAMED IN	If you are going to make an electronic fund withdrawal	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		orm 8879-			
_HA F	or Privacy Act and Paperwork Reduction Act Notice	, see inst	ructions.		Form 8868 (F	lev. 1-2013	
23841							