**Form 990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.


---

**A**

For the 2016 calendar year, or tax year beginning 6/01, 2016, and ending 5/31, 2017

**B**

Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C

AMERICAN ASSOCIATION OF MEDICAL PHYSICIANS EDUCATION AND RESEARCH FDN
2201 COOPERATIVE WAY #600
HERNDON, VA 20171

D

Employer identification number
26-0814764

E

Telephone number
703-677-8071

F

Group Exemption Number

---

**G**

Accounting Method:

- [ ] Cash
- [ ] Accrual
- [ ] Other (specify)

**H**

Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

---

**I**

Website:

[www.AAPFFoundation.ORG](http://www.AAPFFoundation.ORG)

J

Tax-exempt status (check only one) —

- [X] 501(c)(3)  
- [ ] 501(c)( ) (insert no.)
- [ ] 4947(a)(1) or [ ] 527

K

Form of organization:

- [X] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other

L

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

\[ \$ 139,761 \]

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**Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

- [X]

---

1 Contributions, gifts, grants, and similar amounts received

\[ 1 \]

138,253.

2 Program service revenue including government fees and contracts

\[ 2 \]

3 Membership dues and assessments

\[ 3 \]

4 Investment income

\[ 4 \]

1,508.

5a Gross amount from sale of assets other than inventory

\[ 5a \]

5b Less: cost or other basis and sales expenses

\[ 5b \]

5c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

\[ 5c \]

6 Gaming and fundraising events

\[ 6 \]

6a Gross income from gaming (attach Schedule G if greater than $15,000)

\[ 6a \]

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000).

\[ 6b \]

6c Less: direct expenses from gaming and fundraising events

\[ 6c \]

6d Net income or (loss) from gaming and fundraising events (add lines 5a and 6b and subtract line 6c).

\[ 6d \]

7a Gross sales of inventory, less returns and allowances

\[ 7a \]

7b Less: cost of goods sold

\[ 7b \]

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

\[ 7c \]

8 Other revenue (describe in Schedule O)

\[ 8 \]

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

\[ 9 \]

139,761.

10 Grants and similar amounts paid (list in Schedule O)

\[ 10 \]

37,000.

11 Benefits paid to or for members

\[ 11 \]

12 Salaries, other compensation, and employee benefits

\[ 12 \]

13 Professional fees and other payments to independent contractors

\[ 13 \]

3,416.

14 Occupancy, rent, utilities, and maintenance

\[ 14 \]

15 Printing, publications, postage, and shipping

\[ 15 \]

79.

16 Other expenses (describe in Schedule O)

\[ 16 \]

18,361.

17 Total expenses. Add lines 10 through 16

\[ 17 \]

58,856.

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

\[ 18 \]

80,905.

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

\[ 19 \]

111,727.

20 Other changes in net assets or fund balances (explain in Schedule O)

\[ 20 \]

21 Net assets or fund balances at end of year. Combine lines 18 through 20.

\[ 21 \]

192,632.

---

BAA For Paperwork Reduction Act Notice, see the separate instructions.
**Part II: Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>111,727.</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>22</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>111,727.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>111,727.</td>
</tr>
</tbody>
</table>

**Part III: Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

- **Expenses**
  - **The Development of a Fund to Provide for Annual Scholarships To Students Enrolled in a Recognized Medical Dosimetry Education Program.**
    - (Grants $37,000) If this amount includes foreign grants, check here □
    - □ 28a 58,856.
  - (Grants $) If this amount includes foreign grants, check here □
    - □ 29a
  - (Grants $) If this amount includes foreign grants, check here □
    - □ 30a
  - Other program services (describe in Schedule O)
    - (Grants $) If this amount includes foreign grants, check here □
      - □ 31a
  - Total program service expenses (add lines 28a through 31a) □
    - □ 32 58,856.

**Part IV: List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERESA KWIATKOWSKI</td>
<td>CHAIR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANNE MARIE VANN</td>
<td>SECRETARY</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARK S. RUSSELL</td>
<td>TREASURER</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MELANIE DEMPSEY</td>
<td>TRUSTEE</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANJENETTE MILLIGAN</td>
<td>TRUSTEE</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUSAN SWANSON</td>
<td>TRUSTEE</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MATHEW DANIELS</td>
<td>TRUSTEE</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any significant activity not previously reported to the IRS?
   If 'Yes,' provide a detailed description of each activity in Schedule O.
   Yes No

34. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a
   conformed copy of the amended documents if they reflect
   a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
   Yes No

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business
   activities (such as those reported on lines 2, 6a, and 7a, among others)?
   Yes No

35b. If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.
   Yes No

35c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,
   reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.
   Yes No

36. Did the organization undergo a liquidation, dissolution, termination, or significant
   disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.
   Yes No

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.
   Yes No

37b. Did the organization file Form 1120-POL for this year?
   Yes No

38. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were
   any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
   Yes No

39a. Section 501(c)(7) organizations. Enter:
  a. Initiation fees and capital contributions included on line 9.
   Yes No
   
   b. Gross receipts, included on line 9, for public use of club facilities.
   Yes No

40. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   section 4911
   0 ; section 4912
   0 ; section 4955
   0.

   b. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess
   benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been
   reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.
   Yes No

   c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization
   managers or disqualified persons under section 4958, for the year under sections 4912, 4955, and 4958.
   Yes No

   d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on income from unrelated
   activities.
   Yes No

   e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax
   shelter transaction? If 'Yes,' complete Form 9886-T.
   Yes No

41. List the states with which a copy of this return is filed
   NONE

42a. The organization's books are in care of
   MARK RUSSELL
   Located at: 1641 OLD IDA ROAD SHERMAN TX
   Telephone no. 813-486-9606
   ZIP + 4 75090

   b. 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)?
   Yes No

   c. At any time during the calendar year, did the organization maintain an account outside the United States?
   Yes No

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here
   and enter the amount of tax-exempt interest received or accrued during the tax year.

44a. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead
   of Form 990-EZ.
   Yes No

44b. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed
   instead of Form 990-EZ.
   Yes No

44c. Did the organization receive any payments for indoor tanning services during the year?
   Yes No

44d. If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?
   Yes No

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?
   Yes No

45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?
   Yes No
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

**Yes** **No**

**Part VI** Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule D to respond to any question in this Part VI.

**Yes** **No**

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

**Total number of other employees paid over $100,000**

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tr>
</tbody>
</table>

**Total number of other independent contractors each receiving over $100,000**

**TAXPAYER COPY**

Signature of officer: **MARK S. RUSSELL**

Prepared by: **LUTZ & COMPANY, PC**

Preparer's name: **DEYNA C. ROUSE**

Preparer's signature: ____________________________ Date: __________

Paid Preparer Use Only

Firm's name: **LUTZ AND COMPANY PC**

Firm's address: **13616 CALIFORNIA ST STE 300 OMAHA, NE 68154-5336**

Firm's EIN: **47-0625816**

Check if self-employed: **[ ] Yes [ ] No**

PTIN: **P00363036**

Phone no. **(402) 496-8800**

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

**Yes** **No**

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2016)
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS EDUCATION AND RESEARCH FDN

Employer Identification number: 26-0814764

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college or university.

10. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations.

g. Provide the following information about the supported organization(s).
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)</td>
<td>34,608</td>
<td>72,995</td>
<td>57,427</td>
<td>41,235</td>
<td>138,253</td>
<td>344,518</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>4 Total. Add lines 1 through 3</strong></td>
<td>34,608</td>
<td>72,995</td>
<td>57,427</td>
<td>41,235</td>
<td>138,253</td>
<td>344,518</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>115,368</td>
</tr>
<tr>
<td><strong>6 Public support. Subtract line 5 from line 4</strong></td>
<td>229,150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>34,608</td>
<td>72,995</td>
<td>57,427</td>
<td>41,235</td>
<td>138,253</td>
<td>344,518</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>538</td>
<td>631</td>
<td>1,508</td>
<td></td>
<td></td>
<td>2,677</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>11 Total support. Add lines 7 through 10</strong></td>
<td>347,195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

| | | | | | | |
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | | | | | | 66.00% |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | | | | | | 99.46% |

16a 33-1/3% support test–2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test–2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test–2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test–2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
Schedule of Contributors

2016

AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS EDUCATION AND RESEARCH FDN
26-0814764

<table>
<thead>
<tr>
<th>Organization type (check one):</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>□ 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

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

**General Rule**

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

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year. .....

Caution. An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer No’ on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
### Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AMER. ASSOC. OF MEDICAL DOSIMETRISTS 2201 COOPERATIVE WAY, STE 600 HERNDON, VA 20171</td>
<td>$30,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO STE 300 MOUNTAIN VIEW, CA 94049-1498</td>
<td>$100,000</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or 990-EZ.

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

**AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS EDUCATION AND RESEARCH FDN**

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<tr>
<th>Item</th>
<th>Amount</th>
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<tr>
<td>Administrative Services</td>
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<tr>
<td>Advertising and Promotion</td>
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<td>Bank Charges</td>
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<td>Information Technology</td>
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<td>Insurance</td>
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<td>Miscellaneous</td>
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<td>Telephone</td>
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<td>Travel</td>
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<td>Website Expenses</td>
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<td><strong>Total</strong></td>
<td><strong>$18,361</strong></td>
</tr>
</tbody>
</table>

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

The contributions made to the Foundation will be used toward the distribution of an annual scholarship to students enrolled in a recognized medical dosimetry education program.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ................. NO

(B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ........................................... NO

**Employer identification number**

26-0814764