

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form A: For the 2006 calendar year, or tax year beginning 2006, and ending. Includes sections B (Check if applicable), C (Organization Name: NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS, INC.), D (Employer Identification Number: 15-0524107), E (Telephone number: (518) 489-8945), F (Accounting method: Accrual), G (Web site: N/A), H (Affiliates), I (Group Exemption Number), J (Organization type: 501(c)), K (Check here), L (Gross receipts: 1,026,023).

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

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants...; 2 Program service revenue...; 3 Membership dues...; 4 Interest on savings...; 5 Dividends...; 6a-6c Rental income...; 7 Other investment income...; 8a-8c Securities and Other...; 9 Special events...; 10a-10c Inventory sales...; 11 Other revenue...; 12 Total revenue...; 13-17 Expenses...; 18 Excess or deficit...; 19-21 Net assets or fund balances.

SCANNED MAY 14 2007

EXPENSES

1064 RECEIVED APR 21 11 57 2007

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 135,009.	122,000.	13,009.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 168,637.	105,734.	62,903.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 16,463.	12,347.	4,116.	
35 Postage and shipping	35 64.		64.	
36 Occupancy	36 24,524.		24,524.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 15,669.	15,669.		
40 Conferences, conventions, and meetings	40 168,530.	168,530.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 2,631.		2,631.	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a 279,140.	197,493.	81,647.	
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 810,667.	621,773.	188,894.	0.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>THE OBJECTIVES OF THE ACADEMY ARE TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC, TO PROMOTE THE ART AND SCIENCE OF FAMILY PRACTICE AND TO REPRESENT THE INTEREST OF MEMBERS OF THE PROFESSION TO THE MEMBERS WHICH IT SERVES.</u> (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	621,773.
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	621,773.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	23,058.	45	169,824.	
	46 Savings and temporary cash investments	112,820.	46	19,808.	
	47a Accounts receivable	92,490.			
	b Less. allowance for doubtful accounts		47b		
			246,429.	47c	92,490.
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less. allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	4,772.	53		21,218.
	54a Investments — publicly-traded securities			54a	
	b Investments — other securities (attach sch)		566,646.	54b	630,757.
	55a Investments — land, buildings, & equipment. basis				
	b Less: accumulated depreciation (attach schedule).			55c	
	56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment. basis	137,840.				
b Less. accumulated depreciation (attach schedule) STATEMENT 5	133,185.	7,286.	57c	4,655.	
58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 6</u>)	50,470.	58		50,470.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,011,481.	59		989,222.	
LIABILITIES	60 Accounts payable and accrued expenses	79,625.	60	82,037.	
	61 Grants payable	307,954.	61	275,476.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ► _____)		65		
	66 Total liabilities. Add lines 60 through 65	387,579.	66		357,513.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	618,639.	67	626,156.	
	68 Temporarily restricted	5,263.	68	5,553.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	623,902.	73		631,709.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,011,481.	74		989,222.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	869,507.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		39,122.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): SEE STM 7	b4		14,038.
	Add lines b1 through b4		b	53,160.
c	Subtract line b from line a		c	816,347.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	816,347.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	823,695.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): SEE STMT 8	b4		13,028.
	Add lines b1 through b4		b	13,028.
c	Subtract line b from line a		c	810,667.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	810,667.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		122,000.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations. a	Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85 c	0.		
d	Section 162(e) lobbying and political expenditures		
85 d	0.		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e	0.		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f	0.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 h			
86 501(c)(7) organizations. Enter. a	Initiation fees and capital contributions included on line 12		
86 a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86 b	N/A		
87 501(c)(12) organizations. Enter. a	Gross income from members or shareholders		
87 a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87 b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
88 b			
89 a 501(c)(3) organizations. Enter:	Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(4) organizations	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		
89 b			
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed <u>NY</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		4
90 b			
91 a	The books are in care of <u>PATRICIA POKLEMBIA</u> Telephone number <u>(518) 489-8945</u> Located at <u>260 OSBORNE ROAD, LOUDONVILLE NY</u> ZIP + 4 <u>12211</u>		
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)? If 'Yes,' enter the name of the foreign country		
91 b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a ADVERTISING
- b CONVENTIONS, MEETINGS
- c FMIG
- d OTHER INCOME
- e SALE OF ENDORSEMENT

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 a ADVERTISING	541800				8,585.
93 b CONVENTIONS, MEETINGS					230,788.
93 c FMIG					
93 d OTHER INCOME					21,361.
93 e SALE OF ENDORSEMENT	900004				26,650.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					485,155.
95 Interest on savings & temporary cash invmnts			14	3,279.	
96 Dividends & interest from securities			14	25,331.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					15,198.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				28,610.	787,737.
105 Total (add line 104, columns (B), (D), and (E))					816,347.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			
	0%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: X Vito Grosso Date: 4/2/07

Type or print name and title: Vito Grosso Exec. V.P.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/28/07

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): P00016768

Firm's name (or yours if self-employed), address, and ZIP + 4: SLOCUM, DEANGELUS & ASSOCS, CPA'S PC
974 ALBANY-SHAKER ROAD
LATHAM, NY 12110

EIN: 14-1667185

Phone no: (518) 783-6000

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 224,874.
COST OR OTHER BASIS: 209,676.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 15,198.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 15,198.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CONTRIBUTIONS TO PAC FUND	\$	14,038.
EXPENSES OF SEGREGATED PAC FUND		-13,028.
PRIOR PERIOD ADJUSTMENT		-38,005.
UNREALIZED GAINS		39,122.
TOTAL	\$	<u>2,127.</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BOARD OF DIRECTORS/OFFICERS'	35,520.	35,520.		
COMMITTEE EXPENSES	45,169.	45,169.		
LEGISLATIVE ACTIVITIES	38,466.	38,466.		
MISCELLANEOUS	11,200.		11,200.	
NEWSLETTER	14,698.	14,698.		
OFFICE EXPENSES	54,379.		54,379.	
PRESIDENT'S EXPENSES	11,284.	11,284.		
PROFESSIONAL FEES	34,222.	25,666.	8,556.	
RESIDENT AND STUDENT EXPENSES	26,690.	26,690.		
UBIT	7,512.		7,512.	
TOTAL	\$ <u>279,140.</u>	\$ <u>197,493.</u>	\$ <u>81,647.</u>	\$ <u>0.</u>

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE HEALTH AND THE PRACTICE OF FAMILY MEDICINE IN NEW YORK STATE.

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 50,090.	\$ 49,208.	\$ 882.
MACHINERY AND EQUIPMENT	87,750.	83,977.	3,773.
TOTAL	<u>\$ 137,840.</u>	<u>\$ 133,185.</u>	<u>\$ 4,655.</u>

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

DUE FROM RELATED PARTY			\$ 50,470.
		TOTAL	<u>\$ 50,470.</u>

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

PAC CONTRIBUTIONS TO SEGREGATED FUND			\$ 14,038.
		TOTAL	<u>\$ 14,038.</u>

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

POLITICAL EXPENSES FROM SEGREGATED FUND			\$ 13,028.
		TOTAL	<u>\$ 13,028.</u>

STATEMENT 9
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VITO GRASSO 260 OSBORNE ROAD LOUDONVILLE, NY 12211	EXECUTIVE VP 40	\$ 122,000.	\$ 0.	\$ 0.
TICHI IROKU-MALIZE 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.

STATEMENT 9 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIRIAM VINCENT 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JOSE DAVID, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
PHILIP KAPLAN, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
MARK KROTOWSKI, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	SECRETARY 0	0.	0.	0.
MARGARET DONAT 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
NEIL NEPOLA 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DEL MSSNY 0	0.	0.	0.
WENDY VANBELLINGHAM, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	TREASURER 0	0.	0.	0.
MARIANNE LABARBERA, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
S. RAMALINGAM, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	PRESIDENT 0	0.	0.	0.
STEPHEN OFFORD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
LEON ZOGHLIN 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
LINDA PRINE 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.

STATEMENT 9 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NORMAN WETTERAU, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT DEL MSSNY 0	\$ 0.	\$ 0.	\$ 0.
MICHAEL KERNAN 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
GEORGE F. DUNN, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
HENRY E. FRANCIS, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT DEL AAFP 0	0.	0.	0.
ERIKA LAMBERT 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
ELIZABETH NATAL 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT RESIDENT 0	0.	0.	0.
TOTAL		<u>\$ 122,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 10
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
FAMILY PHYSICIANS FOUNDATION INC.	X	
NYS ACADEMY OF FAMILY PHYSICIANS, INC.	X	

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93	CONTRIBUTED TOWARD COST OF SEMINARS AND OTHER ACTIVITIES DESIGNED TO PROMOTE PHYSICAL HEALTH EDUCATION.
94	MEMBERS ARE PHYSICIANS WHO BENEFIT FROM EDUCATION PROGRAMS, PUBLICATIONS, AND INFORMATION PROVIDED BY THE ACADEMY.
93	OTHER INCOME USED TO SUPPORT OTHER MEMBER SERVICES.