Form **990**

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2008 calen	dar year,	r tax year beginning		, 200	8, and endin	ıg _			•	
		applicable:				•			D Employ	er Ideni	tification Numbe	r
	Addr	ess change	Please use IRS label	NEW YORK STATE					15-0	524	107	
	Nam	e change	or print or type,	OF FAMILY PHYS		INC.		İ	E Telepho	ne num	iber	
	Initia	ıl return	See specific	260 OSBORNE RO					(518	3) 4	89-8945	
		nination	Instruc- tions.	LOUDONVILLE, 1	NY 12211			•	,02,	·, -		
	\vdash	nded return	Lionsi						G Gross re	oninto	a 1 2/	6,400.
	-	ication pending	F Name a	nd address of principal officer				H(a) Is this a			 1	/es X No
		ication pending		S C ABOVE	•			H(b) Are all a			⊢	res A No
_	Tay	exempt statu			rt no)	4047/-)/1)	☐ E07	If 'No,' a	attach a list.	(see ins	structions)	П
'				FP.ORG	[[[]	4947(a)(1) or	527					
K			X Corpora				L Year of Format	H(c) Group e				NTSZ
	rt I	Summa		tion Trust Assoc	ciation Other		L Year of Format	tion: 1340) 11/1 5	tate of	legal domicite:	IN I
2007				anization's mission or	most significa	ant activities:	TO DROMO	יים מבאו	וא ג דוידי	חיד	שארייי פו	TCE OF
				E <u>IN NEW YORK</u>							IL LIVICT	TCE_OL_
2	-	. <u> </u>	Trito Tr. (574 P.		<u> </u>							
Activities & Governance	_											-
ove	2 C	heck this bo	x ►	f the organization disc	continued its o	perations or dis	sposed of mo	ore than 25	5% of its a	assets	 s.	
Ō	3 N	lumber of vo	ting mem	pers of the governing	body (Part VI,	line 1a)	. , , , ,			3		9
စ္တ	4 N	lumber of in	dependen	voting members of the	ne governing b	ody (Part VI, li	ne 1b)			4		9
ŧ				rees (Part V, line 2a).						_5		6
ŧ				ers (estimate if neces						6		0
٠,	/a	otal gross u	nrelated t	usiness revenue from	Part VIII, line	12, column (C)	l			7a		0.
	N G	iet unrelated	Dusiness	taxable income from	Form 990-1, I	ne 34	· · · · · · · · · · · · · · · · · · ·			7b	,	54,456.
									rior Year		Curren	
e				s (Part VIII, line 1h)						^4		55,256.
Ē				ue (Part VIII, line 2g).					733,2		T	72,521.
Revenue				rt VIII, column (A), lin					21,8	4Ų.		1,342.
				I, column (A), lines 5, les 8 through 11 (mus					833,0	۵E	0,	29,119.
				unts paid (Part IX, co					033,0	33.		47,117.
				nembers (Part IX, col								
				sation, employee ben					318,8	01	<u>۱</u> .	73,003.
9									210,0	<u>ο</u> .	- 4	13,003.
Expenses				g fees (Part IX, colum		•		-				
Ä				ses (Part IX, column						Angle of the second		
		-	•	K, column (A), lines 1	•	•			565,9			<u> 26,214.</u>
				es 13-17 (must equal				1	884,8			99 <u>,</u> 217.
	19 R	evenue less	expense	. Subtract line 18 fror	n line 12		<u></u>		-51,7	28.	-1'	70,098.
Net Assets or Fund Balancos								Begin	ning of Y		End of	
age of				ne 16)					909,2			13,689.
at A	21 ⊤	otal liabilitie	s (Part X	line 26)					<u>377,7</u>	34.	4	96,967.
	22 N			nces. Subtract line 21	from line 20.				531,5	53.	3:	1 <u>6,722.</u>
S	rt II	Signati	ure Bloc	<u>k</u>								
		Under penaltie true, correct, a	s of perjury, and complete	declare that I have examined Declaration of preparer (other	d this return, includer than officer) is b	ling accompanying s ased on all informati	chedules and sta	tements, and	to the best o	f my kn	owledge and be	lief, it is
c:.		_	•		·			1	2			
Sig He	jn ro	Signature	of officer					Da				
110	16	Signature	OI OIIIQGI					υa	le			
		Type or pr	rint name an	title	 					-		,
		1,350 0, 15.	THE HOLLING LINE				Date	1		Τp	renarer's identifi	rîna oumber
Pa	id						Date	se			reparer's identify see instructions)	ring named
Pre		Preparer's signature	>					en	nployed 🏲	Щ,	00001636	0
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On	ly	employed), address, and	► <u>974</u>	ALBANY-SHAKER	. KUAD			EI			667185	-000
	the ID	ZIP + 4	LAT	· · · · · · · · · · · · · · · · · · ·	h 2 /	- 1 - 1 - N			ione no. 🟲	(51		
ivia	y me iR	o aiscuss th	ıs return	vith the preparer show	vri above? (se	e instructions).		<u></u>	· · · · · · · · <u>· · · · ·</u>		X Yes	No

-	1 990 (2008) NEW YORK STATE ACADEMY	15-052410	1	Page 2
Par	Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission: TO PROMOTE HEALTH AND THE PRACTICE OF FAMILY MEDICINE IN NEW YORK	STATE.		
	~			
2	Did the organization undertake any significant program services during the year which were not listed on	the prior		
	Form 990 or 990-EZ?	🔲	Yes X	No
	If 'Yes,' describe these new services on Schedule O.	<u> </u>		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices?	Yes X	No
_	If 'Yes,' describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expenses. Sec allocations to oth	tion 501(c ers, the to	e)(3) otal
4 a	(Code: Code: (Code: \$ 777,543. including grants of \$) (I	Revenue \$		١
-, u	THE OBJECTIVES OF THE ACADEMY ARE TO ENCOURAGE THE IMPROVEMENT OF		OF THE	
	PUBLIC, TO PROMOTE THE ART AND SCIENCE OF FAMILY PRACTICE AND TO			
	INTEREST OF MEMBERS OF THE PROFESSION TO THE MEMBERS WHICH IT SER			
				
				
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41-				
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
				
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				_
	LON-			
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$,	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► \$ 777,543. (Must equal Part IX, Line 25, column (£			
- 4		-1.1		

Form 990 (2008) NEW YORK STATE ACADEMY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		_ X
6	Did the organization maintain any donor advised funds or any accounts where 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, 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		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		_X
Ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
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, Part III.	16		Х
17	and the second s	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	ļ 	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		Х
E	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
(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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
2 5 a	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	25 a		
ì	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х

Form 990 (2008) NEW YORK STATE ACADEMY Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			Control of the contro
;	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	Could be a second by the secon	X
I	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.	28b		X
•	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	į	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

BAA Form **990** (2008) Form 990 (2008) NEW YORK STATE ACADEMY

Part V Statements Regarding Other IRS Filings and Tax Compliance

0.00			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	The second secon		The second secon
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	And Andrews		270022322
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Χ
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	Anna de grande de la compansa del compansa de la co		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instructions)	2000 1000 A		\$2.550.000.000.000.000.000.000.000.000.00
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	The second secon		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			April 10 and
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	\$100 miles	
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			10.00 TO 10.
	Did the organization make any taxable distributions under section 4966?	9a	in core min	
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	Escala.	X CREET MADE:	
	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			A CONTRACTOR OF THE PROPERTY O
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	- Will 16		

BAA Form 990 (2008) Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	ction A. Governing Body and Wanagement		·,		
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b belo processes, or changes in Schedule O. See instructions.	ow, describe the circumstances,	a german a capring of	Yes	No
1 a	a Enter the number of voting members of the governing body	1a 9	Charles and Charle	The second of th	TOTAL STREET
ı	b Enter the number of voting members that are independent	1b 9			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee or key employee?	s relationship with any other	2		Χ
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p	or under the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
_	since the prior Form 990 was filed?		_		v
5 6			5 6		X
7 8	'a Does the organization have members, stockholders, or other persons who may elect one governing body?	or more members of the	7 a		Х
ı	b Are any decisions of the governing body subject to approval by members, stockholders, or	or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unthe following:		Property of the control of the contr	a 1 mg do may a wall a said a	A Company of the Comp
	a The governing body?		8a		
	b Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	a Does the organization have local chapters, branches, or affiliates?		9a		_X
	b If 'Yes,' does the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the Form 990	filed? All organizations must . SEE .SCHEDULE .O	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If 'Yes,' provide the names and addresses in Schedule C	cannot be reached at the	11		Х
C					
sec	ction B. Policies				
sec	ction B. Policies			Yes	No
	ection B. Policies La Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Yes	No X
12		ests that could give rise	12a	Yes	i
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done	ests that could give rise e policy? If 'Yes,' describe in		Yes	X X X
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	ests that could give rise e policy? If 'Yes,' describe in	12b	Yes	X X X
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done	ests that could give rise e policy? If 'Yes,' describe in	12b 12c	Yes	X X X
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done Does the organization have a written whistleblower policy?	ests that could give rise e policy? If 'Yes,' describe in and approval by independent	12b 12c 13	Yes	X X X
12 a 1 13 14 15	b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision:	12b 12c 13		X X X
12 a 1 13 14 15	 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done B Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision:	12b 12c 13 14	According to the control of the cont	X X X
12 a 1 13 14 15	 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. d Does the organization have a written whistleblower policy? d Does the organization have a written document retention and destruction policy? d Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision:	12 b 12 c 13 14	X	X X X
123 1 13 14 15	 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? SEE SCHEDULE O 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision:	12b 12c 13 14 15a 15b	X	X X X
12a 13 14 15 16a	 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. B Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? SEE SCHEDULE O. Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or sin entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization inventure arrangements under applicable federal tax law, and taken steps to safeon 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision: nilar arrangement with a taxable ation to evaluate its participation uard the organization's exempt	12b 12c 13 14 15a 15b	XXX	X X X X
12: 13 14 15 16:	 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. b Does the organization have a written whistleblower policy? b Does the organization have a written document retention and destruction policy? b Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? c SEE . SCHEDULE . O. Describe the process in Schedule O. (see instructions) c a Did the organization invest in, contribute assets to, or participate in a joint venture or sing entity during the year? 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision: nilar arrangement with a taxable ation to evaluate its participation uard the organization's exempt	12b 12c 13 14 15a 15b	XXX	X X X X
123 13 14 15 163	 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. b Does the organization have a written whistleblower policy? b Does the organization have a written document retention and destruction policy? b Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? c SEE . SCHEDULE . O. Describe the process in Schedule O. (see instructions) d Did the organization invest in, contribute assets to, or participate in a joint venture or sin entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and taken steps to safegratatus with respect to such arrangements? 	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision: nilar arrangement with a taxable ation to evaluate its participation uard the organization's exempt	12b 12c 13 14 15a 15b	XXX	X X X X
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12: 13 14 15 16: 16: 17 18	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done 3 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 5 Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization?. SEE . SCHEDULE . O Describe the process in Schedule O. (see instructions) 6 Did the organization invest in, contribute assets to, or participate in a joint venture or sin entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization by in yeint venture arrangements under applicable federal tax law, and taken steps to safegi status with respect to such arrangements? ction C. Disclosures 7 List the states with which a copy of this Form 990 is required to be filed ► NY B Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 99 inspection. Indicate how you make these available. Check all that apply. Down website Another's website X Upon request D Describe in Schedule O whether (and if so, how) the organization makes its governing describe in Schedule O whether (and if so, how) the organization makes its governing described in Schedule O whether (and if so, how) the organization makes its governing described in Schedule O whether (and if so, how) the organization makes its governing described in Schedule O whether (and if so, how) the organization makes its governing described in Schedule O whether (and if so, how) t	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision: nilar arrangement with a taxable ation to evaluate its participation uard the organization's exempt	12b 12c 13 14 15a 15b 16a	X X	X X X X X public
12: 13 14 15 16: 17 18 19 20	Pare officers, directors or trustees, and key employees required to disclose annually interest to conflicts? • C Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. • Does the organization have a written whistleblower policy? • Does the organization have a written document retention and destruction policy? • Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation and a The organization's CEO, Executive Director, or top management official? • Doescribe the process in Schedule O. (see instructions) • Did the organization invest in, contribute assets to, or participate in a joint venture or sing entity during the year? • If 'Yes,' has the organization adopted a written policy or procedure requiring the organization years to such arrangements? • List the states with which a copy of this Form 990 is required to be filed ► NY • Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 99 inspection. Indicate how you make these available. Check all that apply. • Own website	ests that could give rise e policy? If 'Yes,' describe in and approval by independent d decision: nilar arrangement with a taxable ation to evaluate its participation uard the organization's exempt oo, and 990-T (501(c)(3)s only) a ocuments, conflict of interest pol the books and records of the org	12b 12c 13 14 15a 15b 16a	X X X	X X X X X public

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compen	sate a	ıny c	offic	er, d	directo	r, tr	ustee, or key employe	ee.	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	_	tion (all t	hat app		Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		recto	tution	ğ	Key employee	est o	ner :	((organization and related
) trus	tal ta		loyee	duo				organizations
		stee	uste		10	ensa				
						藍				
VITO GRASSO	4.0							400 000		_
EXECUTIVE VP	40	!		Х	Х			137,077.	0.	0.
TICHI IROKU-MALIZE	_	'		٠,						•
DIRECTOR	5			X				0.	0.	0.
JAMES MUMFORD	_			7.7						2
DIRECTOR MD	5	<u> </u>	H	X				0.	0.	0.
JOSE DAVID, MD_ PRESIDENT & CEO	_			1.5						2
	5	<u> </u>		X				0.	0.	0.
PHILIP_KAPLAN, MD SPEAKER	5			Х				_	.	0
JAMES GREENWALD	. 5	 		Λ				0.	0.	0.
VICE PRESIDENT	5			Х				ا ا	_	^
MARK KROTOWSKI, MD	5			Λ.	-			0.	0.	0.
PRES ELECT	5			Х				0.	0.	0
NEIL NEPOLA		_	-			!		0.	U.	0.
SECRETARY	5			Х				0.1	0.	0.
STEPHEN OFFORD	<u> </u>	-	\vdash				 -		0.1	
TREASURER	5			Х				0.	0.	0.
PATRICIA PKLEMBA								0.		
PROGRAM DIRECTOR	40	į			Х			71,104.	0.	0.
DONNA DENLEY	- 10							71/101.	· · ·	
ACCTG DIRECTOR	32					X		25,931.	0.1	0.
JANET LINDNER										
PROGRAM MGR	24					Х		42,154.	0.	0.
BARBARA MARKOVITZ								,		<u></u>
ADMIN. ASST.	40					Х		47,196.	0.	0.
	_		L.,			ļ	ļ			
						ļ				

Name and Title	Average hours per weel		_	_				Reportable compensation from	Reportable	Estimated
		ridual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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	-									
1b Total							>	323,462.	0	. (
2 Total number of individuals (including those in 1a) organization ► 1							00,0	00 in reportable o	ompensation from	
3 Did the organization list any former officer, directe on line 1a? If 'Yes,' complete Schedule J for such	r or trus individu	tee, al	key	emp	oloy	ee, o	or hi	ghest compensat	ed employee	Yes N
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater individual	eportabl than \$1	e co 50,00	mpe 30? 	nsa If 'Y	tion 'es'	and com	i oth plet	er compensation e Schedule J for	from such	4
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete S	compen chedule	satio J for	n fro	om . h pe	any erso	unre n	elate	ed organization fo	r services	5
ection B. Independent Contractors 1 Complete this table for your five highest compens	احتلمها		de-	- م ا	ntr-	ote -	l	t received	han \$100 000 of	
compensation from the organization.	aled IND	spen	ueni	ı COI	ша	otors	s (r) a	at received more t	нан фтии _т иии 01	
(A) Name and business addre	ess							Description) of Services	(C) Compensation

compensation from the organization ► 0

Pa		Statement of Re	evenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a Fe	ederated campaigns		1a			The second section of the second seco		The speciment of the sp
RAN	b M	lembership dues		1 b		The state of the s	The control of the co	The property of the property o	2 - A STANDARD TO THE STANDARD
S, G AMO		undraising events	_	1c		A contraction of the contraction			
FRA	d R	elated organizations		1d			The second secon	many reports of all larger (1) in the continue of the continue	
NS, (e Go	overnment grants (contribution	ons)	1e	140,256.	the last of and a last own from profession of the control of the c			en p. Company and the second and the
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		ll other contributions, gifts, g milar amounts not included a		1f	15,000.				
E Q	_	oncash contribns included in				The second secon		The second secon	
8 ₹	h To	otal. Add lines 1a-1f				155,256.			
3	_			Ļ	Business Code	The state of the s	analysis, fundament is completed a metal-analysis of the surface o		Service Control of the Control of th
2	_	EMBERSHIP DUES &	<u>ASSESSME</u>		T 1 1 2 2 2 2	525,173.	525,173.		
<u> </u>	_	DVERTISING			541800	52,325.	52,325.		
Z.	_	ALE OF ENDORSEMEN	<u>T</u>		900004	26,650.	26,650.		
JSE	_	THER INCOME				33,187.	33,187.		
FA.	_	CONVENTIONS, MEETI				135,186.	135,186.		
စ္က		Il other program service				770 501	The systematic is a second of the second of		Parent Inches of the Parent In
		otal. Add lines 2a-2f				772,521.	State Committee to the state of		
	3 In	nvestment income (inci ther similar amounts).	luding divid	dends	s, interest and	16,415.			16,415.
		come from investmen							10,413.
		oyalties			•				
			(i) Rea	1	(ii) Personal				A contract of the contract of
	6a G	iross Rents				The state of the s	2 - Committee of the co		The second secon
	b Le	ess: rental expenses.					The design of the second secon	many to the first section and the section of the se	A many bring opinion of the control
	c Re	ental income or (loss)						CONTROL OF THE PARTY OF T	The second secon
	d N	et rental income or (lo	ss)						The second secon
	7a Gr	ross amount from sales of	(i) Securi		(ii) Other	The publishment has a final way one at the contract of the con			
	as	ssets other than inventory	302,2	208	•	and place class was a series of a restrict of the series o		distribution de la company	
	b Le	ess: cost or other basis				Burnings and the control of the cont			The second secon
		nd sales expenses				Bangage 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			The state of the s
		ain or (loss)				A control of the cont	Annual again a seri per	And the second of the second o	e a a galacente de la consideración de la cons
	d N	et gain or (loss)			· <u> </u>	-15,073.	-15,073.		The same control of the same o
NUE		iross income from func not including. \$	draising eve	ents		The second secon			
ĔĶ		f contributions reported				the product of the production	A CONTROL OF THE PROPERTY OF T	In the control of the	The state of the s
OTHER REVENU		ee Part IV, line 18					The state of the first terms of the state of	The second secon	A second
౼		ess: direct expenses					The region of th	Professional Confession (Confession Confession Confessi	Secretary of the secret
	C M	let income or (loss) fro	m tundrais	sing e	vents			I of the second	
	S	iross income from gam ee Part IV, line 19	, ,	8			artigle And State of Control of Control	And the second s	
		ess: direct expenses				Specific Co., proportion of the Co., and the	An annual service of the control of	The second secon	Service and the service of the servi
	c N	let income or (loss) fro	om gaming	activ	ities	•			California de la companya del companya del companya de la companya
	ar	iross sales of inventory nd allowances		8		The control of the co	and a real of the control of the con	Department of the State of the	The second secon
		ess: cost of goods sole				stranger framework as through the control of the first field and the state of the control of the	The state of the s	and the state of t	
	c N	et income or (loss) fro		finve			Service Servic		
		Miscellaneous Reven			Business Code	The second secon	The state of the s		
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	ς _				· · · · · ·		1		
		otal. Add lines 11a-11							
						<u> </u>		The second secon	A CONTRACTOR OF THE PROPERTY O
	12 To	otal Revenue. Add line Oc, and 11e	es in, 2g, 3	خ, 4, ا	5, 6a, 7a, 8c, 9c, 	929,119.	757,448.	0.	16,415.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp		` `	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		de la companya de la		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	208,181.	68,539.	68,538.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	198,902.	134,710.	64,192.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	24,884.	17,889.	6,995.	
9	Other employee benefits	16,841.	16,841.		
10	Payroll taxes	24,195.	15,383.	8,812.	
11	Fees for services (non-employees)	·			
a	ı Management				
	Legal	898.	898.		
	: Accounting		8,336.		
	Lobbying		32,790.		
	Prof fundraising svcs. See Part IV, In 17			American control of the control of t	
f	Investment management fees	4,493.		4,493.	
ç	; Other				
12	Advertising and promotion	•			
13	Office expenses	45,160.	927.	44,233.	
14	Information technology				
15	Royalties				
16	Occupancy			23,974.	 -
17 18	Travel	20,211.	20,211.	M	
19	Conferences, conventions, and meetings	222,289.	222,289.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,085.	369.	1,716.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	COMMITTEE EXPENSES	65,680.	65,680.		
	RESEARCH AND PROJECT GRANTS	54,713.	54,713.		
C	: LEGISLATIVE ACTIVITIES	37,707.	37,707.		
	UBIT	16,146.		16,146.	
€	NEWSLETTER	15,725.	15,725.		
f	All other expenses	76,007.	64,536.	11,471.	
25	Total functional expenses. Add lines 1 through 24f	1,099,217.	777,543.	250,570.	0.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

Page 11

Part X Balance Sheet

BAA

(A) Beginning of year **(B)** End of year 160.496 1 225,001. Cash - non-interest-bearing..... 4,083. 2 3,580. Savings and temporary cash investments 3 3 Pledges and grants receivable, net 94,488 4 114,608. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L...... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L... 6 Notes and loans receivable, net 7 Inventories for sale or use. 8 19,802 9 13,009. Prepaid expenses and deferred charges..... 140,919. **b** Less: accumulated depreciation. Complete Part VI of 2.471 3,465. 10 c 575,477. 11 446,556. 11 12 13 Investments – program-related, See Part IV, line 11...... 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 52,470 15 7,470. Total assets. Add lines 1 through 15 (must equal line 34)...... 909,287 16 813,689. 16 75.999. 82,636 17 Accounts payable and accrued expenses. 17 18 Grants payable..... 18 19 Deferred revenue..... 295,098. 19 420,968. 20 Tax-exempt bond liabilities..... 20 Escrow account liability, Complete Part IV of Schedule D..... 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable..... 25 Other liabilities, Complete Part X of Schedule D..... 496,967377,734. 26 Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets..... 527,469. 27 313,142. 4,084 28 3,580. Temporarily restricted net assets 29 29 Permanently restricted net assets..... Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund...... Ā 32 Retained earnings, endowment, accumulated income, or other funds..... 32 316,722. Total net assets or fund balances..... 531,553. 33 34 Total liabilities and net assets/fund balances..... 909,287. 34 813,689. Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... b Were the organization's financial statements audited by an independent accountant? 2b c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2c review, or compilation of its financial statements and selection of an independent accountant?..... 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? Х За b If 'Yes,' did the organization undergo the required audit or audits?..... Form 990 (2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form Sanswered 'Yes,' to Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number NEW YORK STATE ACADEMY 15-0524107 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year...... Aggregate contributions to (during year). . . . Aggregate grants from (during year)...... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... | No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??... Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements..... b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a)...... 2 c 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear < Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assels held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1......

Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	rical Treasures, o	r Othe	r Similar Asse	ets (conti	inued)	
Using the organization's accession that apply):	on and other	records,	check any of the	e following that are a	significa	nt use of its colle	ction items	check all	
a Public exhibition			d Loan d	or exchange programs					
b Scholarly research			e Other						
c Preservation for future gener	ations		_	<u> </u>					
4 Provide a description of the orga Part XIV.	nization's col	lections	and explain how	they further the orga	nization	's exempt purpos	e in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or	receive be mai	donations of art	, historical treasures,	or other	similar ?	Yes	□No	
Part IV Trust, Escrow and Cu									
IV, line 9, or reported	an amount	on Fo	rm 990, Part	X. line 21.	anome	700 100 101	0,111 330,	i Git	
1a is the organization an agent, trus	stee, custodia	n. or ot	her intermediary	for contributions or of	ther asse	ets not			
included on Form 990, Part X? b If 'Yes,' explain the arrangement							Yes	∐No	
on ros, explain the arrangement	MIT GIL XIV	and 0011	ipiete the lonewi	ng table.			Amount		
c Beginning balance		. . <i></i> .			1	С			
d Additions during the year						d			
e Distributions during the year						е			
f Ending balance									
2a Did the organization include an a							Yes	No	
b If 'Yes,' explain the arrangement		1111 0501	, are ra mio Er i			[□•	
Part V Endowment Funds Co		rganiz	ation answere	ed 'Yes' to Form 9	90. Pa	rt IV. line 10.			
Control of the contro	(a) Current		(b) Prior year			d) Three years back	(e) Four	years back	
1a Beginning of year balance		•		Control (control (con		THE OF YOUR DOOR	(C) I dui	Jours Duok	
b Contributions									
c Investment earnings or losses			The process of the control of the co			Commission of the Commission o			
d Grants or scholarships	 .		Annual Control of the	The state of the s					
•			The second secon			No. of the second of the secon			
e Other expenditures for facilities and programs			and the second s				Particularia de Particularia de la como	Personal and the particle of the collection of t	
f Administrative expenses			Committee of the commit			a digital () plan imperior recovers recovers and the second of the seco			
g End of year balance			en i inigian è mani a reformit anni, ama commana e fundamenta turi migra di mana para mana mana mana a reformit e na again turi migra di mana para mana mana mana mana mana mana mana m	And the state of t					
Provide the estimated percentag	-	end bal	ance held as:						
a Board designated or quasi-endov	vment ►		જ						
b Permanent endowment ►	%								
c Term endowment ►	8								
3a Are there endowment funds not organization by:	in the posses	sion of	the organization	that are held and adn	ninistere	d for the	Ye	es No	
(i) unrelated organizations		<i>.</i>					. 3a(i)		
(ii). related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations	listed a	s required on So	hedule R?			. 3b		
4 Describe in Part XIV the intende									
Part VI Investments-Land, B					K, line	10.			
Description of investment		(a) Cos	t or other basis	(b) Cost or other basis (other)		Depreciation	(d) Boo	k Value	
1a Land		 		and Controlly					
b Buildings					5 0000000000000000000000000000000000000	AND THE PARTY OF T			
c Leasehold improvements					1				
d Equipment				90,829.	1	87,387.		3,442.	
e Other		<u> </u>		50,090.		50,067.		23.	
		June 000	Dorf V solution					····	
Total. Add lines 1a-1e (Column (d) sh	ouiu equai Fo	n III 990,	, ⊢an ∧, coiumn	(D), IIII U 10(C).)			ula D (Fair	3,465.	
BAA						Sched	uie 🔰 (Forn	n 990) 2008	

TEEA3302L 12/23/08

Part VII Investments-Other Securities See F	orm 990, Part X, lin	ne 12. N/A	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	rket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			-
			·
	-		
			
			····-
Total (Column (b) about a gual Form 000 Part V and (D) line 12)			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)		: 12) NT /3	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
		Cost of end-of-year ma	irket value
-			
			•
-		-	
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)			A character of the char
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	escription		(b) Book value
			,,,
			-
			-
-			
	·		
			<u> </u>
	.		
Total. Column (b) Total (should equal Form 990, Part X, co	ol.(B), line 15)	···········	
Part X Other Liabilities (See Form 990, Part		E-41	
(a) Description of Liability	(b) Amount		A property of the control of the con
Federal Income Taxes			And the second s
** *	· <u> </u>	The second secon	A company of the comp
		Company (Company of Company of Co	
-			Agrandar Aghar anns a' mar Aidhean an ghaire, ar ann an Airmeann a' ghear ann an Airmeann an Airmeann an Airmeann ann an Airmeann an Ai
		The second of th	And the same was required to the same of t
·		The second secon	Control of
			The state of the s
			A STATE OF THE PROPERTY OF THE
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	>		

In Part XIV, 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.

Pal	TXI Reconciliation of Change in Net Assets from Form 990 to F	inancial	Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)				929,119.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,099,217.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-170,098.
4	Net unrealized gains (losses) on investments			L	
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments			· -	
8	Other (Describe in Part XIV).				
9	Total adjustments (net). Add lines 4-8				,
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.				-170,098.
Pa	TXII Reconciliation of Revenue per Audited Financial Statement			<u>:urn</u>	
1		• • • • • • • • • •		1	813,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		Charles a	
	Net unrealized gains on investments		-124,258.	Supplemental Suppl	
	Donated services and use of facilities	 			
	Recoveries of prior year grants			27(427	
	d Other (Describe in Part XIV) SEE . P.ART. XIV		8,820.	arranements	
•	Add lines 2a through 2d			2e	-115,438.
3	Subtract line 2e from line 1			3	929,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investments expenses not included on Form 990, Part VIII, line 7b			SECTION S	
	Other (Describe in Part XIV).		- C	130 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	929,119.
	t XIII Reconciliation of Expenses per Audited Financial Stateme			í	
1	Total expenses and losses per audited financial statements			1	1,107,932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	50 20 20 20 20 20 20 20 20 20 20 20 20 20		
	a Donated services and use of facilities			Annual Control of the	
	Prior year adjustments		120		
	CLosses reported on Form 990, Part IX, line 25	-		20000000000000000000000000000000000000	
	d Other (Describe in Part XIV) SEE . P.ART. XIV.		8,715.	Service Control	
	e Add lines 2a through 2d		r	2 e	8,715.
3				3	1,099,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	a Investments expenses not included on Form 990, Part VIII, line 7b		**************************************	127422	
	b Other (Describe in Part XIV)	4b		111111111111111111111111111111111111111	
	c Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.	.)		5	1,099,217.
Pa	TXIV Supplemental Information				
Con line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art III, lines	s 1a and 4; Part IV,	lines 1b	and 2b; Part V,
					

Schedule D (Form 990) 2008	Page 5
Part XIV Supplemental Information (continued)	
	
	
	
	

2008 SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6
NEW YORK STATE ACADEMY
OF FAMILY PHYSICIANS, INC. 15-0524107

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

PAC CONTRIBUTIONS TO SEGREGATED FUND. \$ 8,820.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

POLITICAL EXPENSES FROM SEGREGATED FUND. \$ 8,715.

TOTAL \$ 8,715.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization NEW YORK STATE ACADEMY	Employer identification number
OF FAMILY PHYSICIANS, INC.	15-0524107
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
RETURN WILL BE REVIEWED BY THE EXECUTIVE VICE-PRESIDE	NT_BEFORE_FILING.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVA	L PROCESS FOR OFFICERS & KEY EMPLOYEES
EXECUTIVE VICE-PRESIDENT AND OTHER KEYSALARIES AR REV	EWED BY THE OPERATIONS
COMMISSION	
	· · · · · · · · · · · · · · · · · · ·

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2008

For calendar year 2008 or other tax year beginning , 2008,

OMB No. 1545-0687

Depar	tment of the Treasury al Revenue Service	and ending,, Open to Public Inspection for, 501(c)(3) Organizations Only						c inspection for:		
		_	► See sepa	rate in	structions.				ALGERTAL ALL ALVANORA	. 90, . 2132121, 1.17241114.1 2.1
A	Check box if address changed		D E					Employer identification number (Employees' trust, see instructions for Block D.)		
	xempt under section	Print	NEW YORK STATE ACADEMY							
	X 501(C)(6)	or	OF FAMILY PHYSICIANS, INC. 260 OSBORNE ROAD						<u> 15-0524</u>	107
	408(e) 220(e)	Туре	LOUDONVILLE, NY 122	11				Ει	Inrelated busin codes (See inst	ness activity
	408A530(a)		LOODOMY LILLING IN LAZ					E	Block E.)	
	529(a)								541800	900004
С	Book value of all assets at end of year		exemption number (See instr			-				
	813,689.		k organization type ► X	501(c)	corporation	501	(c) trust 40)1(a)	trust	Other trust
H	Describe the organization	n's primar	y unrelated business activity.							
▶ .	ADVERTISING AND	ENDOR:	SEMENTS							
1 0	During the tax year, was	the corpo	ration a subsidiary in an affilial	ted gro	oup or a parent-s	subsidi	ary controlled gro	up?.	► \ Ye	es X No
l	f 'Yes,' enter the name	and identi	fying number of the parent corp	ooratio	n ►		-	•		
	The books are in care of.					Te	elephone number	> (518) 48	9-8945
	t I Unrelated Tr				(A) Income	_	(B) Expense		7) Net
	Gross receipts or sale					-				
t	Less returns and allowances		c Balance ►	1 c			er treit er bereit i som det en de som er stelle treit i som er bestelle treit			Control of the contro
2	Cost of goods sold (So	chedule A.	line 7)	2					and personal transfer of the second s	
3			line 1c	3			Annual Control of the	alaga sang		
	•		Schedule D)	4a					02	
	, -		7) (attach Form 4797)	4b						
				4c				COLOR EXTEN		
5	Income (loss) from pa	rtnerships	and S corporations					CONTRACTOR OF THE PERSON OF TH	3.	
-	(attach statement)			5			Part of the second seco		20	
6	-			6						
7			(Schedule E)	7						
8	Interest, annuities, roy	ralties, and	d rents from controlled	8					1	
9		-	, (9), or (17) organization (Sch G)	9					-	
10				10	26	650.			 	26 650
		_	e (Schedule I)	1			22 [10	+	26,650.
11		-	attack pakadula \	17	52,	325.	23,5	ンエグ	•	28,806.
12	Other income (See ins	structions;	attach schedule.)	,				2000		
10	Total Compliant Co.			12	70	075	02.5	11 A		EE 457
13 D	Fil Doductions	nrough I	2en Elsewhere (See instru	13		975.		υ19.	•]	55,456.
rai	Deductions Excent for c	nioi Take contributi	ons, deductions must be	direc	s ioi iimitatioi tly connected	ns on I with	the unrelated	hus	iness inc	ome \
1.4	·		ors, and trustees (Schedule K)					1		
		•						14 15	+	
									+	
16								16	-	
17								17	1	
18	•	-	•••••					18		
19			Anakian for limitation who N					19	- 	
20		•	structions for limitation rules.).		1			20		
21			handria Amaria farritaria da mat					12000 POOT 1	 	
22	•		chedule A and elsewhere on ret		\			22		·
23								23	 	
24		-	nsation plans					24		
25		_						25		
26			dule I)					26	ļ <u></u>	
27			ule J)					27		
28 29	•		lle) hrough 28					28 29		· · · · · · · · · · · · · · · · · · ·
30			me before net operating loss d					30		55,456.
31			nited to the amount on line 30)					31		33, 430.
32		_	me before specific deduction. S					32	 	55,456.
33			,000, but see line 33 instructio							1,000.
34	Unrelated business ta	axable inco	me. Subtract line 33 from line	32. If	line 33 is greate	er than	line 32, enter			
	the smaller of zero or	line 32	<u></u>					34	1	54,456.

BAA

Part I	Tax Computation					
	Organizations Taxable as Corporations. See instructions for tax compu	tation.				
	Controlled group members (sections 1561 and 1563) check here 🟲 🗍 .		ons and	200 - 200 -		
	Inter your share of the \$50,000, \$25,000, and \$9,925,000 taxable incom			18 14 14 17 1 18 14 14 17 1 18 14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1007	
		ic brachets (ii			and the second	
	1) \$ (2) \$ (3) \$	750) là		The second of th		
	nter organization's share of: (1) Additional 5% tax (not more than \$11,			uniter with a section of the section		
(2	2) Additional 3% tax (not more than \$100,000)		•		800	
c Ir	ncome tax on the amount on line 34			► 35	С	8,614.
36 T	rusts Taxable at Trust Rates. See instructions for tax computation. Inc	ome tax on th	e amount	200	cital Servi	
	n line 34 from: Tax rate schedule or Schedule D (Form 1			► 36		
	Proxy tax. See instructions.					
	Alternative minimum tax					
						0 (14
	otal. Add lines 37 and 38 to line 35c or 36, whichever applies		<u> </u>	39	<u> </u>	8,614.
Part I	Tax and Payments					
40 a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 11	16) 40 a		2000	000000 000000 000000	
b O	Other credits (see instructions)	40 b		1 - 1000 October 1 - 10		
	General business credit. Check here and indicate which forms are attack			60 AV 10 AV		
Г				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 (
ı L	Form 3800 Form(s) (specify) ► Credit for prior year minimum tax (attach Form 8801 or 8827)	40 d			No fine	
a C	redit for prior year minimum tax (attach Form 880) or 8827)	400	<u> </u>			•
	otal credits. Add lines 40a through 40d					0.
41 S	Subtract line 40e from line 39	<u></u> .		<u>41</u>	_	8,614.
42 O	Other taxes. Check if from: Form 4255 Form 8611 Form	18697 F	orm 8866			
	Other (attach schedule)			42	:	
43 T	otal tax, Add lines 41 and 42			-		8,614.
	Payments: A 2007 overpayment credited to 2008		1	Turnica January	ioni i	0,011.
	2008 estimated tax payments			396.	March Carlot de March Carlot de March	
	· -			390.		
	ax deposited with Form 8868			100 miles		
	oreign organizations: Tax paid or withheld at source (see instructions).				001.00 001.00 001.00 001.00	
e B	Backup withholding (see instructions)	44e		27 cm 74 mm		
f C	Other credits and payments: Form 2439			- 100 April 100		
Г	Form 4136 Other To	tal ► 44f		Supplied Annual Control of the Contr		
L				45		2 200
15 T						
	Total payments. Add lines 44a through 44f				+	3,396.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			46	+	
46 E	· ·	1	► 🔲	46	;	5,218.
46 E 47 T	Estimated tax penalty (see instructions). Check if Form 2220 is attached at a check if Form 2220 is attached at the content at a check if line 45 is less than the total of lines 43 and 46, enter amour	1 it owed	▶ □	► 47	5	
46 E 47 T 48 C	Estimated tax penalty (see instructions). Check if Form 2220 is attached ax due. If line 45 is less than the total of lines 43 and 46, enter amour Overpayment. If line 45 is larger than the total of lines 43 and 46, enter	t t owed amount over	► □	46 ► 47 ► 48	i	
46 E 47 T 48 C	Estimated tax penalty (see instructions). Check if Form 2220 is attached at a check if Form 2220 is attached at the content at a check if line 45 is less than the total of lines 43 and 46, enter amour	t t owed amount over	▶ □	46 ► 47 ► 48	i	
46 E 47 T 48 C 49 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amour overpayment. If line 45 is larger than the total of lines 43 and 46, enter Enter the amount of line 48 you want: Credited to 2009 estimated tax	dt owed amount over	oaid. Refun	46 > 47 > 48 ded > 49	i	
46 E 47 T 48 C 49 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other	it owed amount over	paid. Refun	46 > 48 ded > 49	3	5,218.
46 E 47 T 48 C 49 E Part V	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other later than time during the 2008 calendar year, did the organization have an	it owed amount over	Paid. Refun	46 47 48 ded 49 49	ity over a	5,218.
46 E 47 T 48 C 49 E Part V	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other	it owed amount over	Paid. Refun	46 47 48 ded 49 49	ity over a	5,218.
46 E 47 T 48 C 49 E Part V	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other any time during the 2008 calendar year, did the organization have are inancial account (bank, securities, or other) in a foreign country? If YES, the	Intowed	paid. Refun (see instructions a signature or of the pay have to file For	46 47 48 ded 49 49	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other later than time during the 2008 calendar year, did the organization have an inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	Information interest in or organization re	Refun I (see instructions a signature or other asymptotic property here.	46 47 48 ded ► 49 .) her author	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi R 2 D	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter Enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other later than time during the 2008 calendar year, did the organization have an inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the Ouring the tax year, did the organization receive a distribution from, or the second secon	Information interest in or organization re e foreign counts was it the gran	Refun I (see instructions a signature or other asymptotic property here.	46 47 48 ded ► 49 .) her author	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi R 2 D	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other later than time during the 2008 calendar year, did the organization have an inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	Information interest in or organization re e foreign counts was it the gran	Refun I (see instructions a signature or other asymptotic property here.	46	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi R 2 D	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter Enter the amount of line 48 you want: Credited to 2009 estimated tax Statements Regarding Certain Activities and Other later than time during the 2008 calendar year, did the organization have an inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the Ouring the tax year, did the organization receive a distribution from, or the second secon	Information interest in or organization me foreign count was it the gran o file.	Refun I (see instructions a signature or other asymptotic property here.	46 47 48 ded ► 49 .) her author	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi R 2 D	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount of the 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax. Statements Regarding Certain Activities and Other at any time during the 2008 calendar year, did the organization have are inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the During the tax year, did the organization receive a distribution from, or a YES, see the instructions for other forms the organization may have the enter the amount of tax-exempt interest received or accrued during the	Information interest in or organization re e foreign counts was it the gran o file. tax year * \$	Refun I (see instructions a signature or other asymptotic property here.	46	ity over a	5,218.
46 E 47 T 48 C 49 E Part V 1 A fi R 2 D Iff 3 E Schee	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax. Statements Regarding Certain Activities and Other at any time during the 2008 calendar year, did the organization have are inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the During the tax year, did the organization receive a distribution from, or if YES, see the instructions for other forms the organization may have the tenter the amount of tax-exempt interest received or accrued during the dule A — Cost of Goods Sold. Enter method of inventory valuated.	Information interest in or organization me foreign counts was it the gran of file. tax year \$\infty\$ \$ ion \$\infty\$	paid. Refun (see instructions a signature or other asy have to file Formy here	46 47 48 ded 49 49 49 49 49 49 49 49 49 49 49 49 49 4	ity over a	5,218.
46 E 47 T 48 C 49 E Part \ 1 A fi R 2 D iff 3 E Schee	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount overpayment. If line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax. Statements Regarding Certain Activities and Other at any time during the 2008 calendar year, did the organization have are inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the Ouring the tax year, did the organization receive a distribution from, or af YES, see the instructions for other forms the organization may have the enter the amount of tax-exempt interest received or accrued during the dule A — Cost of Goods Sold. Enter method of inventory valuation reventory at beginning of year	Information Interest in or organization re e foreign counts was it the gran to file. tax year > \$ ion > Inventor	Refun I (see instructions a signature or other have to file Formy here Interpolation of the second of the se	46	ity over a	5,218.
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## 46 E ## 47 T ## 48 C ## 49 E ## 7	Estimated tax penalty (see instructions). Check if Form 2220 is attached fax due. If line 45 is less than the total of lines 43 and 46, enter amount of line 45 is larger than the total of lines 43 and 46, enter enter the amount of line 48 you want: Credited to 2009 estimated tax. Statements Regarding Certain Activities and Other at any time during the 2008 calendar year, did the organization have ar inancial account (bank, securities, or other) in a foreign country? If YES, the Report of Foreign Bank and Financial Accounts. If YES, enter the name of the During the tax year, did the organization receive a distribution from, or at YES, see the instructions for other forms the organization may have the enter the amount of tax-exempt interest received or accrued during the dule A — Cost of Goods Sold. Enter method of inventory valuation reventory at beginning of year	Information Information Interest in or Interest in	paid. Refun I (see instructions a signature or other part of the form of the	ded ► 45 ded ► 45 ded ► 45 .) her author m TD F 90 or to, a for 0. detere 3A (with raired for reconstructions) he best of mydge. he best of mydge.	ity over a 22.1, oreign tru sespect to esale) ap r knowledge y the IRS di preparer st rructions)?	Yes No X St? X Yes No Yes No X and belief, it is true, Scuss this return with lown below (see X Yes No S SSN or PTIN
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Schedule C — Rent Inco 1 Description of property	me (From Real P	roperty and	d Person	al Property	<u>Lease</u>	<u>d With Rea</u>	l Prop	erty) (see instructions)
(1)								
(2)								
(3)								
(4)								
	2 Rent received of	or accrued						
(a) From personal p (if the percentage of rent property is more than not more than 50	roperty for personal 10% but 0%)	(b) From re (if the personal p if the rent is	eal and per percentage property ex based on	rsonal property e of rent for cceeds 50% or profit or incom	e)	with the inco	ome in o	directly connected columns 2(a) and 2(b) schedule)
(1)			·	·				
(2)								
(3)						· ·		
(4)								
Total	Tot	al					F .1.	
(c) Total income. Add totals of here and on page 1, Part I, lin	columns 2(a) and 2(e 6, column (A)	(b). Enter ►			l P	b) Total deduction were and on page 1 , line 6, column (E	i. Part	
Schedule E — Unrelated	Debt-Financed I	ncome (see	instruction	ns)				
1 Description of d	lebt-financed property	ı		income from locable to	3 Ded			cted with or allocable to d property
				inced property	depre	n) Straight line ciation (attach	sch)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to comproperty (attac	lebt-financed	div	Column 4 vided by olumn 5		Gross income reportable mn 2 x colum		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				왕				
(3)				ક				- -
(4)				 %				
Totals		• • • • • • • • • • • • • • • • • • • •						nter here and on page 1 art I, line 7, column (B).
Total dividends-received dedu								<u> </u>
Schedule F – Interest, A	<u>Innuities, Royalti</u>				<u>Organ</u>	nizations (s	ee instru	uctions)
		Exempt Cont	trolled Org	anizations				<u> </u>
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unr income (see instru	(loss)	4 Total of sp payments r	ecified nade	5 Part of contract that is included in the contract organization of the contract of the contra	cluded trolling tion's	6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)		1						
(4)	<u> </u>	<u> </u>						
Nonexempt Controlled Organiz		1					1	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymer	f specified nts made	included	in the	in 9 that is controlling oss income	co	Deductions directly onnected with income in column 10
(1)							ļ	
(2)								
(3)								_
(4)				Add column here and or 8, column (n page i	l 10. Enter I, Part I, line	Add control and the second and the s	olumns 6 and 11. Enter and on page 1, part I, lin umn (B).
Totals				. -,			-,	

Schedule G — Investment Income 1 Description of income	2 Amount of inc	- 1	3 direc	Deductions stly connected ach schedule)	4 Set-asid (attach sche	es	5 Total set-as	deductions and ides (column 3 s column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colur	page 1, nn (A).	The second secon			The state of the s	Enter he Part I, li	re and on page 1, ne 9, column (B).
Totals	•		Andrew Control of the	Application of the second seco	Principal Service (Control of Control of Con		AN PA PA E B E B E B E B E B E B E B E B E B E B	
Schedule I - Exploited Exemp		ie, Otł	<u>ier Tha</u>		ncome (see in			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pro unrelate	penses connected oduction of d business come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	xpenses outable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) SALE OF ENDORSEMENT	26,650.			26,650.				
(2)								
(3)								
(4)								<u> </u>
Totals	Enter here and on page 1, Part I, line 10, column (A) 26,650.	on p Part I,	here and age 1, line 10, nn (B).			A CONTROL OF THE CONT		Enter here and on page 1, Part II, line 26.
Schedule J – Advertising Inco		nc \		Company of the second of the s	And the second s		a Tanan a nama dina dia 1922 any ao amin'ny faritr'i Amerika. Ny INSEE dia mampiasa ny kaodim-paositra dia mandritry ny faritr'i Amerika.	
Part I Income From Period	licals Reported	nn a C	onsolic	lated Basis				
1 Name of periodical	2 Gross advertising income	3 E adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				The second of th				
(2)				The second secon				A CONTROL OF THE CONT
(3)				The comment of the co				
(4)				THE STATE OF THE S				
Totals (carry to Part II, line (5)) Part II Income From Period through 7 on a line-by-line	licals Reported	on a S			ı periodical listed	l in Par	t II, fill in o	columns 2
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTER	52,325.	2	3,519.	28,806.				
(2)				ļ <u> </u>				
(3)								
_(4)						ar on my house		
(5) Totals from Part I				The second secon	Secretary and the secretary an			***
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	on p Part I colu	here and page 1, line 11, nn (B). 3,519.					Enter here and on page 1, Part II, line 27.
Schedule K - Compensation				ustees (see insti	ructions)			
1 Name				2 Title	3 Percent time devo to busine	ted 1	Compens to unrel	ation attributable ated business
						용		
						%		
						%		
·-						ક		
Total. Enter here and on page 1. Par	t II line 14					▶		

2008	Unrel	siate Department of Taxation and Fin ated Business Inc Return 7 — Article 13	ome Ali	filers enter tax period:	andina	. 🕳 🦳	12 21 00
Employ	yer identification number	File number		iness telephone number	ending		12-31-08
1 ' '	0524107	I lie namber		18) 489-8945		overn	ayment, mark in the box
=	name of corporation	 		Trade name/DBA			
NEW	YORK STATE ACADEM	Y					
	FAMILY PHYSICIANS,						
	name (if different from legal name ab		 .	State or country of incorpora	ition Date re	ceived (for	Tax Department use only)
c/o							
Numbe	er and street or PO box			Date of incorporation			
<u> </u>	OSBORNE ROAD						
City		State ZIP co	ode	Foreign corporations: date b business in NYS	egan		
	DONVILLE	NY 122	211			,	
1	business code number (from federal re	is new, enter	If your name, e	mployer identification number, a	ddress, Audit (ior rax De _l	partment use only)
5418		an X in the box	Form OTF-95. I	mployer identification number, a information has changed, you n f only your address has changed DTF-96. You can get these forms y phone, or by fax. See the Need	, you		
1 .	al unrelated business activity	0 E1 4 E1 1 E 0	our Web site, by	y phone, or by fax. See the Need	i help?		
	ERTISING AND ENDOR		L				
наve ус Not-For	ou filed New York State Form	C1-247, Application for Exe	emption from (Corporation Franchise 18	axes by a		. Yes X No
Mark an	n $\boldsymbol{\mathcal{X}}$ in this box if you are an e	mployee trust as defined in	Internal Rever	nue Code (IRC) section	401(a)		
Mark an	X in this box if you ceased continuous X in this box if you ceased X	pperating the unrelated busi	ness during th	e tax year covered by the	nis return		
(see se	ction who must file Form CT-	13 in the instructions)		.,			· · · · · · · · · · · · · · · · · · ·
A Pa	ay amount shown on line 22.	Make check payable to: <i>Ne</i>	w York State C	Corporation Tax			Payment enclosed
◆ At	ttach your payment here. Deta	ach all check stubs. (see ins	structions for c	details.)		۵.	4,901.
Comp	utation of income and t						
	ederal unrelated business tax		rating loss dec	luction and after \$1,000			,
sp	pecific deduction					1.	54,456.
2 N∈	ew York State Article 13 tax o	leducted on federal return				2.	
3 Ac	dditions required for sharehol	ders of federal S corporation	ns <i>(see instrud</i>	ctions)		3.	
	rossed-up taxes for sha <u>reholo</u>		ions (see insti	ructions)		4.	
5 Otl	her additions (see instrs) • IRC sec	ction 199 deduction:				5.	
	dd lines 1 through 5			1		6.	54,456.
	ther income (see instructions,						
	ederal S corporation sharehol						
	ther subtractions (see instruc						
	otal subtractions (add lines 7,					10.	0.
	axable income before net ope					11.	54,456.
	ew York net operating loss de					12.	F 1 1 P 4
13 Ta	axable income <i>(subtract line</i>)	12 trom line 11)				13.	54,456.

% from line 42; or enter

amount from line 13 if allocation is not claimed).....

Tax based on income (multiply line 14 by 9% (.09)).

Tax (line 15 or line 16, whichever is larger).....

Total prepayments from line 46.

Balance (if line 18 is less than line 17, subtract line 18 from line 17).....

Interest on late payment (see instructions).....

Late filing and late payment penalties (see instructions).

Amount of overpayment on line 23 to be credited to next year.....

Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23).....

Minimum tax.....

NYVA9712L 09/24/08

54,456.

4,901.

4,901.

4,901.

4,901

250.

14.

15.

16.

17.

18. 19.

20.

21.

22.

23.

24.

25.

Allocated taxable income (multiply line 13 by

14

15

16

17

18

19

20

21

22

24

NEW	YOR	K STA	ATE ACADEMY								15-	-0524107	
Have	you be	en aud	fited by the Internal R	evenue Servi	ce in the past 5	years?	Yes No_X	_ If Yes	, list yea	rs:			
Feder	al retu	rn was	filed on: 990T X	Other:				Attacl	h a comp	olete co	py of	your federal re	eturn.
Sche If you o regular employ	edule did not m dy used b ees.	A — Unaintain a by the tax	Unrelated busines a regular place of business of coayer in its unrelated busin	ss allocation outside New York less. If you claim	on < State, leave this sc this allocation, attac	hedule blan ch a list of e	k. A regular place of each place of busines	business is s, the loca	s any office tion, nature	e, factory, e of activit	wareho	ouse, or other space d number and dutie	e es of
Avera	age val	ue of:			_		New York State		Everyw	here			
26	Real e	state o	wned (see instruction	s)		26.							
27	Gross re	nts <i>(atta</i>	ch list; see instr.)			27.		1					
28	Invento	ories ov	wned			28.	•				_]		
	proper	ty own	e personal ed <i>(see instructions)</i>			29.							
			nes 26 through 29)			30.					_		
			n New York State (div		olumn A, by line	e 30, colu	mn B)			3	1.		용
			jular course of busine jible personal property		١			- 1			\neg		
JŁ	points	within	New York State	· · · · · · · · · · · · · · · · · · ·	, , , , , , ,	32.			_				
33	All sale	es of ta	angible personal prope	erty		33.							
			ormed			34.							
			operty			35.			-				
			eceipts			36.					_		
			nes 32 through 36)										
	Wages	, salari	n New York State (div ies, and other comper	nsation of em	ployees		mn B)	· · · · · · · · ·		3	8.		ક
40	,	_	<i>ral executive officers;</i> n New York State <i>(div</i>		, ,		mn D)				0.		9
		-	York State percentag		_						1.		9
			cation percentage <i>(di</i>								2.		- 8
			f prepayments cla			C Harribei	or percentages,	1	Date P	' -		Amount	
			extension request, F					43.					
			Ilment from Form CT-										
44 b	Third i	nstallm	nent from Form CT-40	α				44b.					
44 c	Fourth	install	ment from Form CT-4	00				44c.					
			erpayment credited fr							45.			
46	Total p	repayr	ments <i>(add lines 43 th</i>	rrough 45; er	iter here and on	line 18).				46.			
	; 	Taxpay f you d	yers subject to the un lid make these unrequ	related busin uired paymen	ess income tax ts, please repor	are not re t them or	equired to make I lines 44a, 44b,	estimate and 44c	ed tax pa	yments			
		_	Yes X No	Designee's name	е					Designe	e's pho	ne number	
TI	nird - p design	arty ee		PREPAREI	3					<u> </u>			
(se	ee instruc	tions)	Designee's e-mail address								1		İ
												PIN	
Certi	tication		tify that this return and nature of authorized person	d any attachr	nents are to the	best of r	ny knowledge ar Tofficial title	nd belief	true, co	rrect, ar	nd coi	mplete.	
		Joigi	regard or authorized person				Surgar une						
	thorize	d Em	nail address of authorized per	son								Date	
þ	erson		ian daar ood or daaron ada par	-									
	1	Firm's na	ame (or yours if self-employe	d)							Ide	entification number	
D.	- 1		UM, DEANGELUS		S. CPAIS P	ec.					7	4-1667185	j
pre	parer		e of individual preparing this		Address			City			State		\dashv
	se nly				974 ALBAN	Y-SHAF	KER ROAD	LATHA	M		NY	12110	
	- +	E-mail a	ddress of individual preparing	this election	, same		<u> </u>					Date	\rightarrow
	ļ												

See instructions for where to file.

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York NY 10271

Open to Public

2008

and CHAR 006)	www.	New York, NY 102/1 oag.state.ny.us/charities/chai	rities.html	Inspection
1. General Information				•
a. For the fiscal year beginning (mn	n/dd/yyyy) 1/01	. / 2008 and ending (mm/d	d/yyyy) 12/31/2	2008
b. Check if applicable for NYS:	c. Name of organization			d. Fed. employer IO no. (EIN) (##-#######)
Address change	Address change NEW YORK STATE ACADEMY			
Name change	OF FAMILY PH	YSICIANS, INC.		e. NY State registration no. (##-##-##)
Initial filing				
Final filing	Number and street (or P.0	box if mail is not delivered to street a	address) Room/sui	f. Telephone number
Amended filing	260 OSBORNE	ROAD		(518) 489-8945
NY registration pending	City or town, state or coul	ntry and zip + 4		g. Email
	LOUDONVILLE,	NY 12211		
2. Certification - Two Signatures Re	equired		· · · · · · · · · · · · · · · · · · ·	
We certify under penalties of periur	v that we reviewed t	his report, including all attach	ments, and to the b	est of our knowledge and belief, they
are true, correct and complete in ac	cordance with the la	ws of the State of New York	applicable to this re	port.
a. President or Authorized	 			<u>.</u>
Officer/Trustee s	ignature	Printed Name	Title	Date
 b. Chief Financial Officer or Treasurer 	ignature	Printed Name	Title	5-4-
Ut Heasuret 3	griature	Fillieu Name	rate	Date
3. Annual Report Exemption Inform	 nation			
S25,000 and the or solicit contributions NOTE: An organization receiv from all sources diagency to which it b. EPTL annual report exemption (Check → if total gross receip exceed \$25,000 at For EPTL or Article 7-A registrar registrants claiming the annual	s from NY State (inc ganization did not us during this fiscal yeation may also checked an allocation from d not exceed \$25,00 submitted an annual EPTL registrants and the first of this fiscal year any time during this not claiming the annual and part 3 (American).	cluding residents, foundations se the services of a profession of a profession of a profession of the box to claim this exemp of a federated fund, United W or 2) it received all or subsection of the financial report similar to the fidual registrants) or did not exceed \$25,000 and fiscal year.	nal fund raiser (PFR or FR or	value) of the organization did not ich they are registered and for dual Information), part 2 (Certification)
If you did not check the Article 7-A	- annual rapart avams	ation above, complete the fall	awing for this fiscal	voor:
a. Did the organization use a professional fu		•	-	-
* If "Yes", complete Schedule 4a			• •	<u> </u>
b. Did the organization receive gov		ns (grants)?		X Yes* No
* If "Yes", complete Schedule 4b				<u> </u>
5. Fee Submitted: See last page for	summary of fee re	quirements.		
Indicate the filing fee(s) you are sul a. Article 7-A filing fee b. EPTL filing fee		\$	25. Subi	mit only one check or money order or the total fee, payable to "NYS Department of Law"
c. Total fee			125.	- open missing of butt

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments

15-0524107

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
NYS HEALTH FOUNDATION	\$ 146,832
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
"	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	<u> </u>
	<u> </u>
	Total Government Contributions (Grants) \$ 146,832

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration TypeFee Instructions• Article 7-ACalculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0.• EPTLCalculate the EPTL filling fee using the table in part b below. the Article 7-A filling fee is \$0.• DualCalculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) of fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) ETPL filling fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

ele to 'NYS Department of Law'	
'ms_	
IRS Form 990-EZ	IRS Form 990-PF
	Schedule B to IRS Form 990-PF
Scredule B to IRS Form 990-E2	Scriedule B to IRS Form 990-PF
	Schedule A to IRS Form 990-EZ Schedule B to IRS Form 990-EZ

Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
_X Audit Report (total support & revenue more than \$250,000)	
Review Report (total support & revenue \$100,001 to \$250,000)	
No Accountant's Report Required (total support & revenue not more than \$100,000)	