

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the **2008** calendar year, or tax year beginning **2008**, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS, INC. 260 OSBORNE ROAD LOUDONVILLE, NY 12211	D Employer Identification Number 15-0524107 E Telephone number (518) 489-8945 G Gross receipts \$ 1,246,400.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.NYSAFP.ORG H(c) Group exemption number ►	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of Formation: 1948 M State of legal domicile: NY	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE HEALTH AND THE PRACTICE OF FAMILY MEDICINE IN NEW YORK STATE.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		9
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		9
	5 Total number of employees (Part V, line 2a).....	5		6
	6 Total number of volunteers (estimate if necessary).....	6		0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C).....	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b		54,456.
Revenue	8 Contributions and grants (Part VIII, line 1h).....		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....			155,256.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	733,221.		772,521.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	21,840.		1,342.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	833,095.		929,119.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	318,881.		473,003.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ►			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	565,942.		626,214.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	884,823.		1,099,217.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-51,728.		-170,098.	
Net Assets or Fund Balance	20 Total assets (Part X, line 16).....		Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26).....	909,287.		813,689.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	377,734.		496,967.
		531,553.		316,722.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____ Type or print name and title. _____		
Paid Preparer's Use Only	Preparer's signature ► _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 SLOCUM, DEANGELUS & ASSOCS, CPA'S PC 974 ALBANY-SHAKER ROAD LATHAM, NY 12110	EIN ► 14-1667185	Preparer's identifying number (see instructions) P00016768
		Phone no. ► (518) 783-6000	

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

Part III 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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 777,543. including grants of \$) (Revenue \$)

THE OBJECTIVES OF THE ACADEMY ARE TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC, TO PROMOTE THE ART AND SCIENCE OF FAMILY PRACTICE AND TO REPRESENT THE INTEREST OF MEMBERS OF THE PROFESSION TO THE MEMBERS WHICH IT SERVES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 777,543. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		
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? <i>If 'Yes,' complete Schedule C, Part III</i>		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? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b 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.? <i>If 'Yes,' complete Schedule F, Part I</i>		X
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? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> ..		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> ..		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>		
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X

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:		
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)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	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? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	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? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		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.		
1 a	23		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
2 a	6		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
4 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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..		
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?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1 a	Enter the number of voting members of the governing body.....		
1 b	Enter the number of voting members that are independent.....		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?.....	X	
8 b	Each committee with authority to act on behalf of the governing body?.....	X	
9 a	Does the organization have local chapters, branches, or affiliates?.....		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O.....	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....		X
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....		X
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.....		X
13	Does the organization have a written whistleblower policy?.....		X
14	Does the organization have a written document retention and destruction policy?.....		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15 a	The organization's CEO, Executive Director, or top management official?.....	X	
15 b	Other officers of key employees of the organization? SEE SCHEDULE O..... Describe the process in Schedule O. (see instructions)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ PATRICIA POKLEMB A 260 OSBORNE ROAD LOUDONVILLE NY 12211 (518) 489-8945

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

1 a 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 not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VITO GRASSO EXECUTIVE VP	40			X	X			137,077.	0.	0.
TICHI IROKU-MALIZE DIRECTOR	5			X				0.	0.	0.
JAMES MUMFORD DIRECTOR	5			X				0.	0.	0.
JOSE DAVID, MD PRESIDENT & CEO	5			X				0.	0.	0.
PHILIP KAPLAN, MD SPEAKER	5			X				0.	0.	0.
JAMES GREENWALD VICE PRESIDENT	5			X				0.	0.	0.
MARK KROTOWSKI, MD PRES ELECT	5			X				0.	0.	0.
NEIL NEPOLA SECRETARY	5			X				0.	0.	0.
STEPHEN OFFORD TREASURER	5			X				0.	0.	0.
PATRICIA PKLEMB PROGRAM DIRECTOR	40				X			71,104.	0.	0.
DONNA DENLEY ACCTG DIRECTOR	32					X		25,931.	0.	0.
JANET LINDNER PROGRAM MGR	24					X		42,154.	0.	0.
BARBARA MARKOVITZ ADMIN. ASST.	40					X		47,196.	0.	0.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)	140,256.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	15,000.				
	1 g Noncash contribns included in lns 1a-1f: ... \$					
1 h Total. Add lines 1a-1f:	▶	155,256.				
PROGRAM SERVICE REVENUE	2 a MEMBERSHIP DUES & ASSESSMENTS	Business Code	525,173.	525,173.		
	2 b ADVERTISING	541800	52,325.	52,325.		
	2 c SALE OF ENDORSEMENT	900004	26,650.	26,650.		
	2 d OTHER INCOME		33,187.	33,187.		
	2 e CONVENTIONS, MEETINGS		135,186.	135,186.		
	2 f All other program service revenue ...					
	2 g Total. Add lines 2a-2f:	▶	772,521.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	16,415.		16,415.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
	6 b Less: rental expenses					
	6 c Rental income or (loss)					
	6 d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	302,208.			
		(ii) Other				
	7 b Less: cost or other basis and sales expenses		317,281.			
	7 c Gain or (loss)		-15,073.			
	7 d Net gain or (loss)	▶	-15,073.	-15,073.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
	8 b Less: direct expenses	b				
8 c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19.	a					
9 b Less: direct expenses	b					
9 c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a					
10 b Less: cost of goods sold	b					
10 c Net income or (loss) from sales of inventory	▶					
11 a Miscellaneous Revenue		Business Code				
11 b						
11 c						
11 d All other revenue						
11 e Total. Add lines 11a-11d:		▶				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e:		▶	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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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 Management				
b Legal	898.	898.		
c Accounting	8,336.	8,336.		
d Lobbying	32,790.	32,790.		
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	4,493.		4,493.	
g Other				
12 Advertising and promotion				
13 Office expenses	45,160.	927.	44,233.	
14 Information technology				
15 Royalties				
16 Occupancy	23,974.		23,974.	
17 Travel	20,211.	20,211.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
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.)				
a COMMITTEE EXPENSES	65,680.	65,680.		
b RESEARCH AND PROJECT GRANTS	54,713.	54,713.		
c LEGISLATIVE ACTIVITIES	37,707.	37,707.		
d UBIT	16,146.		16,146.	
e 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 <input type="checkbox"/> 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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	160,496.	1	225,001.
	2	Savings and temporary cash investments	4,083.	2	3,580.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	94,488.	4	114,608.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,802.	9	13,009.
	10a	Land, buildings, and equipment: cost basis	140,919.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	137,454.	10c	3,465.
	11	Investments – publicly-traded securities	575,477.	11	446,556.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	52,470.	15	7,470.
16	Total assets. Add lines 1 through 15 (must equal line 34)	909,287.	16	813,689.	
LIABILITIES	17	Accounts payable and accrued expenses	82,636.	17	75,999.
	18	Grants payable		18	
	19	Deferred revenue	295,098.	19	420,968.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	377,734.	26	496,967.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	527,469.	27	313,142.
	28	Temporarily restricted net assets	4,084.	28	3,580.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	531,553.	33	316,722.
	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
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?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

NEW YORK STATE ACADEMY

15-0524107

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number, Aggregate contributions, Aggregate grants, Aggregate value. Rows 5-6: Informing donors/grantees.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-9: Purpose of easements, monitoring policy, staff hours, expenses, section requirements, reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows 1a-1b: Reporting on art/treasures. Row 2: Reporting on financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		90,829.	87,387.	3,442.
e Other		50,090.	50,067.	23.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,465.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial 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		
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.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	813,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-124,258.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) .. SEE PART XIV	2d	8,820.
e	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:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	929,119.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) .. SEE PART XIV	2d	8,715.
e	Add lines 2a through 2d	2e	8,715.
3	Subtract line 2e from line 1	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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	1,099,217.

Part XIV Supplemental information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 5277

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.
TOTAL \$ 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

**Open to Public
Inspection**

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.

Name of the organization **NEW YORK STATE ACADEMY
OF FAMILY PHYSICIANS, INC.**

Employer identification number
15-0524107

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

RETURN WILL BE REVIEWED BY THE EXECUTIVE VICE-PRESIDENT BEFORE FILING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

EXECUTIVE VICE-PRESIDENT AND OTHER KEYSALARIES AR REVIEWED BY THE OPERATIONS

COMMISSION

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	8,614.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	36	
37 Proxy tax. See instructions.....	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....	39	8,614.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)....	40a	
b Other credits (see instructions).....	40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40d	
e Total credits. Add lines 40a through 40d.....	40e	0.
41 Subtract line 40e from line 39.....	41	8,614.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	42	
43 Total tax. Add lines 41 and 42.....	43	8,614.
44a Payments: A 2007 overpayment credited to 2008.....	44a	
b 2008 estimated tax payments.....	44b	3,396.
c Tax deposited with Form 8868.....	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44d	
e Backup withholding (see instructions).....	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total... ▶	44f	
45 Total payments. Add lines 44a through 44f.....	45	3,396.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47	5,218.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48	
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ Refunded ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . If YES, see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch).....	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5				X

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

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN P00016768

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

EIN 14-1667185
Phone no. (518) 783-6000

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals ▶							Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	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	6 Expenses attributable to column 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)						
Totals	Enter here and on page 1, Part I, line 10, column (A). 26,650.	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTER	52,325.	23,519.	28,806.			
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A). 52,325.	Enter here and on page 1, Part I, line 11, column (B). 23,519.				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Unrelated Business Income Tax Return

Tax Law – Article 13

All filers enter tax period:

beginning **01-01-08**

ending **12-31-08**

Amended Return

Employer identification number 15-0524107	File number	Business telephone number (518) 489-8945	If you claim an overpayment, mark an X in the box
Legal name of corporation NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box 260 OSBORNE ROAD		Date of incorporation	
City LOUDONVILLE	State NY	ZIP code 12211	Foreign corporations: date began business in NYS
NAICS business code number (from federal return) 541800	If address above is new, enter an X in the box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the <i>Need help?</i> section of the instructions.	
Principal unrelated business activity ADVERTISING AND ENDORSEMENTS		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A Pay amount shown on line 22. Make check payable to: New York State Corporation Tax	Payment enclosed
Attach your payment here. Detach all check stubs. (see instructions for details.)	A. 4,901.

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1.	54,456.
2 New York State Article 13 tax deducted on federal return	2.	
3 Additions required for shareholders of federal S corporations (see instructions)	3.	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4.	
5 Other additions (see instrs) • IRC section 199 deduction:	5.	
6 Add lines 1 through 5	6.	54,456.
7 Other income (see instructions)	7.	
8 Federal S corporation shareholders subtractions (see instructions)	8.	
9 Other subtractions (see instructions)	9.	
10 Total subtractions (add lines 7, 8, and 9)	10.	0.
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11.	54,456.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12.	
13 Taxable income (subtract line 12 from line 11)	13.	54,456.
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14.	54,456.
15 Tax based on income (multiply line 14 by 9% (.09))	15.	4,901.
16 Minimum tax	16.	250.
17 Tax (line 15 or line 16, whichever is larger)	17.	4,901.
18 Total prepayments from line 46	18.	
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19.	4,901.
20 Interest on late payment (see instructions)	20.	
21 Late filing and late payment penalties (see instructions)	21.	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22.	4,901.
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23.	
24 Amount of overpayment on line 23 to be credited to next year	24.	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25.	

NEW YORK STATE ACADEMY

15-0524107

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990T Other: _____ Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A	B
		New York State	Everywhere
26	Real estate owned (see instructions)	26.	
27	Gross rents (attach list; see instr.)	27.	
28	Inventories owned	28.	
29	Other tangible personal property owned (see instructions)	29.	
30	Total (add lines 26 through 29)	30.	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31.	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32.	
33	All sales of tangible personal property	33.	
34	Services performed	34.	
35	Rentals of property	35.	
36	Other business receipts	36.	
37	Total (add lines 32 through 36)	37.	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38.	%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39.	
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40.	%
41	Total of New York State percentages (add lines 31, 38 and 40)	41.	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42.	%

Composition of prepayments claimed on line 18*

	Date Paid	Amount
43	Payment with extension request, Form CT-5, line 5	43.
44a	Second installment from Form CT-400	44a.
44b	Third installment from Form CT-400	44b.
44c	Fourth installment from Form CT-400	44c.
45	Amount of overpayment credited from prior years	45.
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46.

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.

Third - party designee <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name PREPARER	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person			Date
Paid preparer use only	Firm's name (or yours if self-employed) SLOCUM, DEANGELUS & ASSOCS, CPA'S PC			Identification number 14-1667185
	Signature of individual preparing this election	Address 974 ALBANY-SHAKER ROAD	City LATHAM	State ZIP code NY 12110
	E-mail address of individual preparing this election			Date

See instructions for where to file.

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	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 www.oag.state.ny.us/charities/charities.html	2008 Open to Public Inspection
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1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) <u>1/01</u> / 2008 and ending (mm/dd/yyyy) <u>12/31/2008</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS, INC.		d. Fed. employer ID no. (EIN) (##-####-###) <u>15-0524107</u>
	e. NY State registration no. (##-##-###)		f. Telephone number (518) 489-8945
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 260 OSBORNE ROAD		g. Email
	City or town, state or country and zip + 4 LOUDONVILLE, NY 12211		

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	▶	Signature	Printed Name Title Date
b. Chief Financial Officer or Treasurer	▶	Signature	Printed Name Title Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check → <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check → <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	___ Yes* <u>X</u> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<u>X</u> Yes* ___ No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ 25.
b. EPTL filing fee	\$ 100.
c. Total fee	\$ 125.
<i>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</i>	

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