

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C 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. F Accounting method: Cash, Accrual (checked), Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No (checked). H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked).

G Web site: N/A. J Organization type: 501(c) 6 (checked). K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. L Gross receipts: 1,184,753. I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes a 'RECEIVED' stamp dated APR 08 2008 from OGDEN, UT.

SCANNED APR 8 2008

NON-PROFIT

27

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 127,000.	114,300.	12,700.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 191,881.	124,861.	67,020.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 15,367.	11,525.	3,842.	
35 Postage and shipping	35 563.		563.	
36 Occupancy	36 27,326.		27,326.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 20,655.	20,655.		
40 Conferences, conventions, and meetings	40 228,076.	228,076.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 2,185.		2,185.	
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 271,770.	185,511.	86,259.	
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 884,823.	684,928.	199,895.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>THE OBJECTIVES OF THE ACADEMY ARE TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC, TO PROMOTE THE ART AND SCIENCE OF FAMILY PRACTICE AND TO REPRESENT THE INTEREST OF MEMBERS OF THE PROFESSION TO THE MEMBERS WHICH IT SERVES.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	684,928.
b _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	684,928.

BAA

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non-interest-bearing	169,824.	45	160,496.	
	46	Savings and temporary cash investments	19,808.	46	4,083.	
	47a	Accounts receivable	94,488.			
		b Less allowance for doubtful accounts		92,490.	47c	94,488.
	48a	Pledges receivable				
		b Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
		b Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	21,218.	53	19,802.	
	54a	Investments – publicly-traded securities	630,757.	54a	575,477.	
		b Investments – other securities (attach sch)			54b	
	55a	Investments – land, buildings, & equipment basis				
		b Less accumulated depreciation (attach schedule)			55c	
	56	Investments – other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	137,840.			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	135,369.	4,655.	57c	2,471.	
58	Other assets, including program-related investments (describe ► <u>SEE STATEMENT 6</u>)	50,470.	58	52,470.		
59	Total assets (must equal line 74) Add lines 45 through 58	989,222.	59	909,287.		
LIABILITIES	60	Accounts payable and accrued expenses	82,037.	60	82,636.	
	61	Grants payable	275,476.	61	295,098.	
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ► _____)		65		
	66	Total liabilities. Add lines 60 through 65.	357,513.	66	377,734.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	626,156.	67	527,469.	
	68	Temporarily restricted	5,553.	68	4,084.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	631,709.	73	531,553.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	989,222.	74	909,287.		

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

a	Total revenue, gains, and other support per audited financial statements		a	787,118.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		-46,960.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ SEE STM 7	b4		983.
	Add lines b1 through b4		b	-45,977.
c	Subtract line b from line a		c	833,095.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	833,095.

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

a	Total expenses and losses per audited financial statements		a	887,275.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____ SEE STMT 8	b4		2,452.
	Add lines b1 through b4		b	2,452.
c	Subtract line b from line a		c	884,823.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	884,823.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		127,000.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ▶ <u>SEE STATEMENT 10</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82 b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?			X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85 c	0.	
d Section 162(e) lobbying and political expenditures	85 d	0.	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	0.	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	0.	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u> N/A </u> , section 4912 ▶ <u> N/A </u> , section 4955 ▶ <u> N/A </u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b		N/A
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u> N/A </u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u> N/A </u>			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g		X
90 a List the states with which a copy of this return is filed ▶ <u> NY </u>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b		4
91 a The books are in care of ▶ <u> PATRICIA POKLEMB </u> Telephone number ▶ <u> (518) 489-8945 </u> Located at ▶ <u> 260 OSBORNE ROAD LOUDONVILLE NY </u> ZIP + 4 ▶ <u> 12211 </u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ <u> </u>	91 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No

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

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

and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADVERTISING	541800				14,000.
b CONVENTIONS, MEETINGS					145,490.
c OTHER INCOME					52,953.
d SALE OF ENDORSEMENT	900004				26,650.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					494,128.
95 Interest on savings & temporary cash invmnts			14	2,478.	
96 Dividends & interest from securities			14	19,362.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					78,034.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				21,840.	811,255.
105 Total (add line 104, columns (B), (D), and (E))					833,095.

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

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

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

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

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

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

Please Sign Here

Signature of officer: Vito F. Grasso Date: 3/26/08

Type or print name and title: Vito F. Grasso Executive Vice President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/20/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): N/A

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: N/A Phone no: (518) 783-6000

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 429,692.
COST OR OTHER BASIS: 351,658.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 78,034.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 78,034.

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

CONTRIBUTIONS TO PAC FUND	\$ 983.
EXPENSES OF SEGREGATED PAC FUND	-2,452.
UNREALIZED LOSSES	-46,959.
TOTAL	<u>\$ -48,428.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BOARD OF DIRECTORS/OFFICERS'	18,318.	18,318.		
CHCANY'S	10,000.	10,000.		
COMMITTEE EXPENSES	69,434.	69,434.		
LEGISLATIVE ACTIVITIES	29,419.	29,419.		
MISCELLANEOUS	11,122.		11,122.	
NEWSLETTER	17,359.	17,359.		
OFFICE EXPENSES	59,320.		59,320.	
PRESIDENT'S EXPENSES	3,985.	3,985.		
PROFESSIONAL FEES	44,838.	33,628.	11,210.	
RESIDENT AND STUDENT EXPENSES	3,368.	3,368.		
UBIT	4,607.		4,607.	
TOTAL	<u>\$ 271,770.</u>	<u>\$ 185,511.</u>	<u>\$ 86,259.</u>	<u>\$ 0.</u>

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

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

CLIENT 5277

NEW YORK STATE ACADEMY
OF FAMILY PHYSICIANS, INC.

15-0524107

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

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 50,090.	\$ 49,908.	\$ 182.
MACHINERY AND EQUIPMENT	87,750.	85,461.	2,289.
TOTAL	<u>\$ 137,840.</u>	<u>\$ 135,369.</u>	<u>\$ 2,471.</u>

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

DUE FROM RELATED PARTY			\$ 52,470.
		TOTAL	<u>\$ 52,470.</u>

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

PAC CONTRIBUTIONS TO SEGREGATED FUND			\$ 983.
		TOTAL	<u>\$ 983.</u>

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

POLITICAL EXPENSES FROM SEGREGATED FUND			\$ 2,452.
		TOTAL	<u>\$ 2,452.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
VITO GRASSO 260 OSBORNE ROAD LOUDONVILLE, NY 12211	EXECUTIVE VP 40.00	\$ 127,000.	\$ 0.	\$ 0.
TICHI IROKU-MALIZE 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.

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

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

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NORMAN WETTERAU, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT DEL MSSNY 0	\$ 0.	\$ 0.	\$ 0.
MICHAEL KERNAN 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
GEORGE F. DUNN, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
HENRY E. FRANCIS, MD 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT DEL AAFP 0	0.	0.	0.
ERIKA LAMBERT 260 OSBORNE ROAD LOUDONVILLE, NY 12211	DIRECTOR 0	0.	0.	0.
ELIZABETH NATAL 260 OSBORNE ROAD LOUDONVILLE, NY 12211	ALT RESIDENT 0	0.	0.	0.
		TOTAL \$ 127,000.	\$ 0.	\$ 0.

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

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

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

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