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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
AMERICAN ACADEMY OF FAMILY PHYSICIANS
Alaska ChapterNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
35555 Kenai Spur Rd ste266City or town, state or country, and ZIP + 4
Soldotna, AK 99669

D Employer identification number

23-7149286

E Telephone number

(907) 258-2255

F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.alaskaafp.org

J Tax-Exempt status (check only one) 501(c) (6) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 208,965

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

1	Contributions, gifts, grants, and similar amounts received	1	2,400
2	Program service revenue including government fees and contracts	2	130,822
3	Membership dues and assessments	3	73,433
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6	
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ►)	8	2,310
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	208,965
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	82,798
13	Professional fees and other payments to independent contractors	13	4,814
14	Occupancy, rent, utilities, and maintenance	14	5,481
15	Printing, publications, postage, and shipping	15	2,758
16	Other expenses (describe ►)	16	104,329
17	Total expenses. Add lines 10 through 16	17	200,180
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,785
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,590
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	16,375

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

- Cash, savings, and investments
- Land and buildings
- Other assets (describe ►)
- Total assets**
- Total liabilities (describe ►)
- Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year	
6,165	22	14,725
0	23	0
1,425	24	1,650
7,590	25	16,375
0	26	0
7,590	27	16,375

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file Form 1120-POL for this year?		37b	Yes
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	Section 501(c)(7) organizations. Enter		39a	
a	Initiation fees and capital contributions included on line 9		39a	
b	Gross receipts, included on line 9, for public use of club facilities		39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e	No
41	List the states with which a copy of this return is filed ► AK			
42a	The organization's books are in care of ► Marilyn Dodd 35555 Kenai Spur ste 266 Located at ► Soldotna, AK		Telephone no ► (907) 258-2255 ZIP + 4 ► 99669	
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)?		42b	Yes
If "Yes," enter the name of the foreign country ► _____				No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
If "Yes," enter the name of the foreign country ► _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 ► _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ► _____

Please 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 officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	2010-07-16
	Manlyn Dodd Executive Director		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input type="checkbox"/>
			Phone no. <input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 23-7149286
Name: AMERICAN ACADEMY OF FAMILY PHYSICIANS
Alaska Chapter

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
Mary Ann Foland MD 4100 Lake Otis Pkwy Ste 322 Anchorage, AK 99508	President 6 00	0	0	0
Paul W Davis MD 60000 Kanakanak Rd Dillingham, AK 99576	Past President 1	0	0	0
John S Cullen MD PO Box 1829 Valdez, AK 99686	President Elect 5	0	0	0
Barbara J Doty MD 1700E Bogard Ste 100 Wasilla, AK 99654	Delegate 5	0	0	0
Julie Sicilia MD 1201 E 36th Ave Anchorage, AK 99508	Treasurer 3	0	0	0
Alice Hulebak MD 1201 E 36th Ave Anchorage, AK 99508	Resident Member 1	0	0	0
Lawrence Smith MD 17101 Snowmobile Lane Ste 102 Eagle River, AK 99577	Board Member 2	0	0	0
Elizabeth Roll MD 700 Chief Hoffman Hwy Bethel, AK 99559	Board Member 2	0	0	0
Marin Granholm MD 700 Chief Hoffman Hwy Bethel, AK 99559	Secretary 2 00	0	0	0
Marilyn H Dodd 35555 Kenai Spur Rd ste266 Soldotna, AK 99669	Executive Director 45	64,500	1,935	0

TY 2009 Other Assets Schedule

Name: AMERICAN ACADEMY OF FAMILY PHYSICIANS

Alaska Chapter

EIN: 23-7149286

Software ID: 09000073

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Equipment printers and computers	1,425	1,650

TY 2009 Other Expenses Schedule

Name: AMERICAN ACADEMY OF FAMILY PHYSICIANS

Alaska Chapter

EIN: 23-7149286

Software ID: 09000073

Software Version: v1.00

Description	Amount
Dues and Subscriptions	469
Directors Meeting	3,597
Programs, conferences, conventions and meetings	100,263

TY 2009 Other Revenues Schedule

Name: AMERICAN ACADEMY OF FAMILY PHYSICIANS

Alaska Chapter

EIN: 23-7149286

Software ID: 09000073

Software Version: v1.00

Description	Amount
Travel reimbursement	2,310