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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)

2009

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

▶ 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

A For the 2009 calendar year, or tax year beginning , **2009**, 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.	C Name of organization DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC.		D Employer identification number 51-0083101	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (302) 479-5515	
		P O BOX 8158			F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 WILMINGTON DE 19803			
• 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ N/A				H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check <input type="checkbox"/> 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.				▶ \$ 83,988.	

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	9,348.
	2	Program service revenue including government fees and contracts	41,683.
	3	Membership dues and assessments	31,807.
	4	Investment income	873.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b	b Less: direct expenses other than fundraising expenses	
	6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	b Less: cost of goods sold	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ▶ <u>SUNDRY</u>)	277.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	83,988.
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	30,000.
	13	Professional fees and other payments to independent contractors	1,790.
	14	Occupancy, rent, utilities, and maintenance	2,867.
	15	Printing, publications, postage, and shipping	8,334.
	16	Other expenses (describe ▶ <u>See Other Expenses Statement</u>)	42,195.
	17	Total expenses. Add lines 10 through 16	85,186.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,198.
	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)	119,297.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	118,099.

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)	
		(A) Beginning of year	(B) End of year
	22	Cash, savings, and investments	117,542.
	23	Land and buildings	116,674.
	24	Other assets (describe ▶ <u>See L-24 Stmt</u>)	0.
	25	Total assets	1,755.
	26	Total liabilities (describe ▶ _____)	118,099.
	27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.
			119,297.
			118,099.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	QUARTERLY AND ANNUAL MEETINGS ARE CONDUCTED IN ORDER TO KEEP FAMILY PHYSICIANS ABREAST OF CURRENT EVENTS IN THE MEDICAL PROFESSION. CURRENT RESEARCH AND PRACTICES. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,988.
29	CONTINUING MEDICAL EDUCATION IS OFFERED TO ENCOURAGE MEMBERS TO LEARN NEW TECHNIQUES, PRACTICES, RESEARCH AND FINDINGS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,296.
30	SUNDRY OTHER EXPENDITURES TO PROMOTE THE MEDICAL PROFESSION. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	63,902.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	85,186.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs)				
(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	(e) Expense account and other allowances
BEVERLY DIEFFENBACH P O BOX 8158 WILMINGTON DE 19803	EXECUTIVE DIRECTOR 16.00	30,000.	0.	
HUGH BONNER III, M.D. PO BOX 8158 WILMINGTON DE 19803	PRESIDENT 2.00	0.	0.	
HEATHER ZINZELLA COX, M.D. PO BOX 8158 WILMINGTON DE 19803	PRESIDENT ELECT 2.00	0.	0.	
OMAR A. KHAN, M.D. PO BOX 8158 WILMINGTON DE 19803	VICE PRESIDENT 2.00	0.	0.	
JAMES M. GILL, M.D., M.P.H. PO BOX 8158 WILMINGTON DE 19803	SECRETARY 1.00	0.	0.	
KAREN L. MCGHEE, D.O. PO BOX 8158 WILMINGTON DE 19803	ASSISTANT SECRETARY 1.00	0.	0.	
M. DIANA METZGER M.D. PO BOX 8158 WILMINGTON DE 19803	TREASURER 1.00	0.	0.	
WILLIAM B. FUNK M.D. PO BOX 8158 WILMINGTON DE 19803	ASSISTANT TREASURER 1.00	0.	0.	
CEDRIC T. BARNES, D.O. PO BOX 8158 WILMINGTON DE 19803	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	
REBECCA JAFFE M.D. PO BOX 8158 WILMINGTON DE 19803	BOARD MEMBER 1.00	0.	0.	
JULIO E. NAVARRO M.D. PO BOX 8158 WILMINGTON DE 19803	BOARD MEMBER 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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		
35a	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?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	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		
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of ▶ BEVERLY DIEFFENBACH Telephone no ▶ (302) 479-5515
 Located at ▶ 16 SOUTHAMPTON PARISH ROAD LANDENBERG PA ZIP + 4 ▶ 19350

		Yes	No
42b	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. ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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: *M. Diana Metzger* Date: 6/16/10

Type or print name and title: M. Diana Metzger, M.D., Treasurer

Paid Preparer's Use Only

Preparer's signature: *James Haggerty* Date: 6-14-10

Firm's name (or yours if self-employed), address, and ZIP + 4: HAGGERTY & HAGGERTY P.A., 510 PHILADELPHIA PIKE, WILMINGTON DE 19809-2169

Check if self-employed: Preparer's Identifying Number (See instructions):

EIN: Phone no: ▶

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

Name as Shown on Return
DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC.

Employer Identification No.
51-0083101

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable - Net	765.	765.
EQUIPMENT5 NET OF DEPRECIATION-	990.	660.
Totals to Form 990-EZ, Part II, line 24	1,755.	1,425.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Additional Information

ATTACHED STATEMENT

The mission of the DELAWARE ACADEMY OF FAMILY PHYSICIANS
IS TO PROMOTE EXCELLANCE IN HEALTH CARE AND THE BETTERRMNT
OF THE HEALTH OF THE PEOPLE OF DELAWARE. PURPOSES IN SUPPORT OF THIS MISSION ARE
-TO PROVIDE RESPONSIBLE ADVOCACY FOR AND EDUCATION OF PATIENTS
-TO PROMOTE THE SCIENCE AND ART OF FAMILY MEDICINE
-TO PROMOTE AND MAINTAIN HIGH STANDARDS AMONG PHYSICIANS
-TO PROVIDE ADVOCY ,REPRENSATION,AND LEADERSHIP FOT THE SPECIALITY
OF FAMILY PRACTICE

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
CONFERENCES	1,848.
ANNUAL MEETING	12,992.
QUARTERLY MEETINGS	3,996.
DUES	570.
CONTINUING MEDICAL EDUCATION	4,296.
GERIATRIC SEMINAR	4,416.
INSURANCE	2,467.
PAYROLL TAXES	2,327.
RESIDENT DUES	1,200.
MENTAL HEALTH SEMINAR	870.
Depreciation	330.
MISCELLANEOUS	25.
SPORTS MEDICINE SEMINAR	6,858.
Total	42,195.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DOMINGO C. SINGSON M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SOMA PADMALINGAM M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEPHEN J. KUSHNER D.O. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVID A. SIMPSON, M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANNE NELSON WALTON, M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JENNIFER GRILLI, D.O. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> AMANDA KIJAC, D.O. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC.	Employer identification number 51-0083101
	File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions P O BOX 8158,
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WILMINGTON	DE 19803

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ BEVERLY DIEFFENBACH

Telephone No ▶ (302) 479-5515 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

MAY 14 2010

- ▶ calendar year 20 09 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.