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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
AMERICAN ACADEMY OF FAMILY PHY-MS CHAPTR
MS ACADEMY OF FAMILY PHYSICIANS

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
133 EXECUTIVE DRIVE SUITE E

City or town, state or country, and ZIP + 4
MADISON, MS 39110

D Employer identification number
64-6025386

E Telephone number
601-853-3302

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.MAFP.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ $ 431,609.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	48,808.
	2	Program service revenue including government fees and contracts		2	240,777.
	3	Membership dues and assessments		3	126,600.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less. direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)		8	15,424.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	431,609.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5		10	12,625.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	121,579.
	13	Professional fees and other payments to independent contractors		13	980.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6		14	17,284.
	15	Printing, publications, postage, and shipping		15	12,046.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	245,816.
	17	**Total expenses** Add lines 10 through 16 ▶		17	410,330.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	21,279.
	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	456,360.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	477,639.

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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	116,691.	22	135,433.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	344,972.	24	344,367.
25	**Total assets**	461,663.	25	479,800.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	5,303.	26	2,161.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	456,360.	27	477,639.

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

What is the organization's primary exempt purpose? PROMOTE FAMILY PRACTICE PHYSICIANS

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, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROMOTE FAMILY PRACTICE PHYSICIANS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
SEE STATEMENT 8		74,897.	7,200.	

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.			
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	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
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		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	N/A	
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 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ BETH EMBRY Telephone no. ▶ 601-853-3302
Located at ▶ 133 EXECUTIVE DRIVE SUITE E, MADISON, MS ZIP + 4 ▶ 39110

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**	42b		X
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: ▶	42c		X

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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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	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 as 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
N/A				

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."

N/A

(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 ▶

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 8/4/10

▶ Beth Embry Exec Dir
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ ALAN ARRINGTON, CPA	Date 08/03/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANTHAM POOLE ET AL, PLLC 1062 HIGHLAND COLONY PARKWAY SUITE 201 RIDGELAND, MS 39157			EIN ▶ Phone no. ▶ 601-499-2400

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
RESIDENT BENEFITS	18,495.
INSURANCE	5,807.
MISCELLANEOUS	5,410.
PAYROLL TAXES	6,162.
SUPPLIES	10,638.
TRAVEL	8,699.
CONFERENCES, CONVENTIONS, MEETINGS	183,969.
TELEPHONE	4,799.
CONTRACT LABOR - OFFICE	1,837.
TOTAL TO FORM 990-EZ, LINE 16	245,816.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ML GLOBAL ALLOCATION	343,587.	343,587.
OTHER DEPRECIABLE ASSETS	1,385.	780.
TOTAL TO FORM 990-EZ, LINE 24	344,972.	344,367.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,303.	2,161.
TOTAL TO FORM 990-EZ, LINE 26	5,303.	2,161.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
INTEREST INCOME	5,014.
UNRELATED BUSINESS INCOME	10,410.
TOTAL TO FORM 990-EZ, LINE 8	15,424.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 5

AFFILIATE'S NAME	AFFILIATES ADDRESS	PURPOSE OF PAYMENT	AMOUNT
MAFP FOUNDATION	133 EXECUTIVE DRIVE SUITE E MADISON, MS 39110	EDUCATIONAL PURPOSES TO PROMOTE FAMILY HEALTH	12,625.
		TOTAL INCLUDED ON FORM 990-EZ, LINE 10	12,625.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 6

DESCRIPTION	AMOUNT
DEPRECIATION	605.
OTHER EXPENSES	16,679.
TOTAL TO FORM 990-EZ, LINE 14	17,284.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETH EMBRY, 133 EXECUTIVE DRIVE SUITE E, MADISON, MS 39110	EXECUTIVE DIRECTOR 40.00	74,897.	7,200.	0.
STEVEN C BRANDON, MD, 501 HOSPITAL ROAD, STARKVILLE, MS 39759	IMMEDIATE PAST PRESIDENT 2.00	0.	0.	0.
DEWITT G. CRAWFORD, MD P.O. BOX 109, LOUISVILLE, MS 39339	PRESIDENT 2.00	0.	0.	0.
MICHAEL L. O'DELL, MD 1665 SOUTH GREEN ST, TUPELO, MS 38804	PRESIDENT ELECT 2.00	0.	0.	0.
SCOTT CARLTON, MD 502 BROAD STREET, COLUMBIA, MS 39429	DIRECTOR 2.00	0.	0.	0.
LUCIUS M. LAMPTON. MD 111 MAGNOLIA ST, MAGNOLIA, MS 39652	ALTERNATE DELEGATE TO AAFP 2.00	0.	0.	0.
MICHAEL SHROCK, DO P.O. BOX 1035, PHILADELPHIA, MS 39350	DIRECTOR 2.00	0.	0.	0.
WILLIAM B JONES, MD 200 GRAND BLVD, GREENWOOD, MS 38930	SECRETARY 2.00	0.	0.	0.
KYLE BATEMAN, MD, 215 HWY 51 SOUTH, BROOKHAVEN, MS 39601	DIRECTOR 2.00	0.	0.	0.
TIMOTHY J ALFORD, MD 332 HWY 12 WEST, KOSCIUSKO, MS 39090	DELEGATE TO AAFP 2.00	0.	0.	0.
R LEE GIFFIN, MD 1901 MISSION 66, VICKSBURG, MS 39180	DELEGATE TO AAFP 2.00	0.	0.	0.
WILLIAM M GRANTHAM, MD 498 HWY 80 EAST, CLINTON, MS 39056	TREASURER 2.00	0.	0.	0.
SUSAN A CHIARITO, MD 1901 MISSION 66, VICKSBURG, MS 39180	DIRECTOR 2.00	0.	0.	0.
DIANE K BEEBE, MD, 2500 NORTH STATE STREET, JACKSON, MS 392164500	EX-OFFICIO 2.00	0.	0.	0.

JOSEPH S. HUNTER, MD 1301 PRIMACY PKY, MEMPHIS, TN 39119	DIRECTOR 2.00	0.	0.	0.
AMBER MCILWAIN, MD 1665 SOUTH GREEN ST, TUPELO, MS 38804	REPRESENTATIVE 2.00	0.	0.	0.
JASON B. DEES, DO 210 HWY 30 WEST, NEW ALBANY, MS 38652	DIRECTOR 2.00	0.	0.	0.
ASHLEY HARRIS, MD 1665 SOUTH GREEN ST, TUPELO, MS 38801	REPRESENTATIVE 2.00	0.	0.	0.
ASHLEY PULLEN, MD 2500 N. STATE. ST, JACKSON, MS 39216	REPRESENTATIVE 2.00	0.	0.	0.
IJEOMA NNEKA INNOCENT-ITUAH, MD 2500 N. STATE. ST, JACKSON, MS 39216	REPRESENTATIVE 2.00	0.	0.	0.
JOHN R. MITCHELL, MD 844 S. MADISON, TUPELO, MS 38801	VICE PRESIDENT 4.00	0.	0.	0.
WILLIAM G. JACKSON 202 ALCORN DRIVE, CORINTH, MS 38834	ALTERNATE DELEGATE TO AAFP 2.00	0.	0.	0.
RODNEY N LOVITT, MD, 108 WILDWOOD TRACE, HATTIESBURG, MS 39402	DIRECTOR 2.00	0.	0.	0.
STEVEN A. WATTS, MD 2500 N. STATE. ST, JACKSON, MS 39216	DIRECTOR 2.00	0.	0.	0.
WILLIAM W. DOWELL, MD, 122 EAST BAKER STREET, INDIANOLA, MS 38751	DIRECTOR 2.00	0.	0.	0.
JAMES J. WITHERS, MD 332 HWY 12 WEST, KOSCIUSKO, MS 39090	DIRECTOR 2.00	0.	0.	0.
PRESTON MCDONNELL 2500 N. STATE. ST, JACKSON, MS 39216	REPRESENTATIVE 2.00	0.	0.	0.
SAM HOLDINESS 2500 N. STATE. ST, JACKSON, MS 39216	REPRESENTATIVE 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		74,897.	7,200.	0.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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 File by the due date for filing your return See instructions	Name of Exempt Organization AMERICAN ACADEMY OF FAMILY PHY-MS CHAPTR MS ACADEMY OF FAMILY PHYSICIANS	Employer identification number 64-6025386
	Number, street, and room or suite no. If a P.O. box, see instructions. 133 EXECUTIVE DRIVE SUITE E	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, MS 39110	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ BETH EMBRY 133 EXECUTIVE DRIVE SUITE E - MADISON, MS 39110
  Telephone No. ▶ 601-853-3302 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 AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

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	$
b	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	$
c	**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	$ N/A

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.