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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)

OMB No 1545-1150

## 2009

Department of the Treasury  
Internal Revenue Service

▶ 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

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

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type See Specific Instructions</p>	<p><b>C Name of organization</b></p> <p style="text-align: center;"><b>MAINE ACADEMY OF FAMILY PHYSICIANS</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p><b>PO BOX 424</b></p> <p>City or town, state or country, and ZIP + 4</p> <p><b>HARTLAND, ME 04943-0424</b></p>	<p><b>D Employer identification number</b></p> <p style="text-align: center;"><b>01-0278420</b></p> <p><b>E Telephone number</b></p> <p style="text-align: center;"><b>207-938-5005</b></p> <p><b>F Group Exemption Number</b></p>
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		<p><b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>	
<p><b>I Website:</b> ▶ <b>NA</b></p>		<p><b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>	
<p><b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>K Check</b> <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.</p>	
<p><b>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</b></p>		<p><b>\$ 98,875.</b></p>	

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

	Description	Amount	Line
Revenue	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts	20,323.	2
	3 Membership dues and assessments	74,114.	3
	4 Investment income	2,565.	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 <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 5) of contributions		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 (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8 Other revenue (describe ▶ <b>OTHER INCOME</b> )	1,873.	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	98,875.	9	
Expenses	10 Grants and similar amounts paid (attach schedule)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits	38,987.	12
	13 Professional fees and other payments to independent contractors	980.	13
	14 Occupancy, rent, utilities, and maintenance	5,582.	14
	15 Printing, publications, postage, and shipping	369.	15
	16 Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	43,723.	16
17 Total expenses. Add lines 10 through 16	89,641.	17	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	9,234.	18	
Net Assets	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)	165,141.	19
	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	174,375.	21

**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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	165,030.	174,307.
23	Land and buildings		
24	Other assets (describe ▶ <b>OTHER DEPRECIABLE ASSETS</b> )	111.	68.
25	Total assets	165,141.	174,375.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,141.	174,375.

lp

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

What is the organization's primary exempt purpose? **HEALTH RELATED RESEARCH AND EDUCATION**

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.

28 **SEE STATEMENT 4**

(Grants \$ ) If this amount includes foreign grants, check here  28a **89,642.**

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 **89,642.**

**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
PAUL PELLETIER, EAGLE LAKE HLTH CTR, EAGLE LAKE, ME 04739	PAST PRESIDENT 0.50	0.	0.	
DAVID JONES PO BOX 1268, PRESQUE ISLE, ME 04769	BD OF DIRECTORS 0.30	0.	0.	
THOMAS BUGBEE PO BOX 1653, BLUE HILL, ME 04614	VICE PRESIDENT 0.30	0.	0.	
ELISABETH MOCK 46 CLARK HILL ROAD, HOLDEN, ME 04429	PRESIDENT 0.50	0.	0.	
CRAIG SMITH 410 ROOSEVELT TRAIL, NAPLES, ME 04055	BD OF DIRECTORS 0.30	0.	0.	
ROBIN PRITHAM 895 UNION ST, #12, BANGOR, ME 04401	BD OF DIRECTORS 0.30	0.	0.	
MINDA GOLD, 71 LESSNER ROAD, DAMARISCOTTA, ME 04543	BD OF DIRECTORS 0.30	0.	0.	
JEFFREY LOVITZ 75 HIGH STREET, FAIRFIELD, ME 04937	TREASURER 0.30	0.	0.	
MARTHA STEWART, 22 HARTFORD STREET, HOULTON, ME 04730-1844	BD OF DIRECTORS 0.30	0.	0.	
JOHN SMITH, 22 NORTH GAYTON LANE, WINTHROP, ME 04364	BD OF DIRECTORS 0.30	0.	0.	
DONNA KIM, 37 ANDERSON LANE, WESTBROOK, ME 04092	RESIDENT DIRECTOR 0.50	0.	0.	
DEBORAH HALBACH PO BOX 424, HARTLAND, ME 04943	EXECUTIVE DIRECTOR 25.00	33,987.	5,000.	

**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		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.		
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
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 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	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		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		X
41	List the states with which a copy of this return is filed. <u>NONE</u>		
42a	The organization's books are in care of <u>DEBORAH HALBACH</u> Telephone no. <u>207-938-5005</u> Located at <u>HARTLAND, ME</u> ZIP + 4 <u>04943-0424</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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/> N/A
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.

- 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
- 49 a 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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 ▶ \_\_\_\_\_

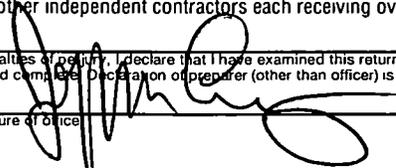
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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: 5/6/2010

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: David P. Davis, CPA Date: 05/04/10 Check if self-employed:  Preparer's identifying number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed): ALBIN, RANDALL & BENNETT, CPA'S  
 address, and ZIP + 4: PO BOX 445, 130 MIDDLE STREET PORTLAND, ME 04112-0445

EIN: \_\_\_\_\_ Phone no.: 207-772-1981

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	COMPUTER	03/23/99	200DE	5.00		H17	2,116.				2,116.	2,116.		0.	2,116.
15	COMPUTER	06/15/01	200DE	5.00		H17	448.				448.	448.		0.	448.
16	COMPUTER	12/21/04	200DE	5.00		H17	1,511.			756.	755.	644.		43.	687.
	* TOTAL 990-EZ PG 1 DEPR						4,075.			756.	3,319.	3,208.		43.	3,251.



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

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

RESEARCH & EDUCATION THROUGH CONFERENCES ON THE IMPORTANCE OF THE FAMILY PHYSICIAN, TO INCLUDE AN ANNUAL FAMILY PHYSICIAN UPDATE CONFERENCE, A 2009 SCHOOL HEALTH CONFERENCE, RESIDENT FAMILY PHYSICIAN ACTIVITIES AND EDUCATIONAL SEMINARS, AND OTHER SPECIAL PROJECTS