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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: MAINE ACADEMY OF FAMILY PHYSICIANS
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 424
City or town, state or country, and ZIP + 4: HARTLAND, ME 049430424

D Employer identification number: 01-0278420
E Telephone number: (207) 938-5005
F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)
I Website: NA
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 108,445

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 108,445). Rows 10-17: Expenses (Total expenses: 103,318). Rows 18-21: Net Assets (Total net assets at end of year: 179,502).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 174,307 | 22 | 177,968 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 68 | 24 | 1,534 |
| 25 Total assets | 174,375 | 25 | 179,502 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 174,375 | 27 | 179,502 |

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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

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 RESEARCH & EDUCATION THROUGH CONFERENCES ON THE IMPORTANCE OF THE FAMILY PHYSICIAN, TO INCLUDE AN ANNUAL FAMILY PHYSICIAN UPDATE CONFERENCE, A 2010 SCHOOL HEALTH CONFERENCE, RESIDENT FAMILY PHYSICIAN ACTIVITIES AND EDUCATIONAL SEMINARS, AND OTHER SPECIAL PROJECTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 103,318 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 103,318 |

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

Check if the organization used Schedule O to respond to any question in this 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 Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts.

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 45, 45a, 46.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 47, 48, 49a, 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"

Table with 5 columns: (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"

Table with 3 columns: (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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 section with fields for Signature of officer, Date, and Type or print name and title.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name, address, and ZIP + 4, EIN, and Phone no.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MAINE ACADEMY OF FAMILY PHYSICIANS

Employer identification number

01-0278420

| Identifier | Return Reference | Explanation |
|-------------------------|-----------------------------|--|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST 571 DIVIDENDS 1,062 CAPITAL GAIN DISTRIBUTION 235 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,868 TOTAL TO FORM 990-EZ, LINE 14 6,363 |

| Identifier | Return Reference | Explanation |
|---------------|-----------------------------|---------------------------------------|
| OTHER REVENUE | FORM 990-EZ, PART I, LINE 8 | DESCRIPTION OTHER INCOME AMOUNT 1,707 |

| Identifier | Return Reference | Explanation |
|--|------------------------------|---|
| OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | FORM 990-EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 149 DESCRIPTION OTHER EXPENSES AMOUNT 6,214 |

| Identifier | Return Reference | Explanation |
|----------------|------------------------------|---|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION INSURANCE AMOUNT 1,140 DESCRIPTION CREDIT CARD SERVICE CHARGES AMOUNT 1,433 DESCRIPTION SUPPLIES AMOUNT 792 DESCRIPTION PAYROLL TAXES AMOUNT 2,820 DESCRIPTION TRAVEL AMOUNT 943 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 994 DESCRIPTION PROGRAM CONFERENCES & CONVENTIONS AMOUNT 31,227 DESCRIPTION MEMBERSHIP NEWSLETTER AMOUNT 5,628 DESCRIPTION NATIONAL & CONGRESS OF DELEGATE CONFERENCES AMOUNT 10,966 DESCRIPTION BOARD OF DIRECTOR MEETINGS AMOUNT 708 TOTAL TO FORM 990-EZ, LINE 16 56,651 |

| Identifier | Return Reference | Explanation |
|--------------|-------------------------------|---|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 68 END OF YEAR AMOUNT 1,534 |

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for property details and calculations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for various property types.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A mortization of costs that begins during your 2010 tax year (see instructions).

43 A mortization of costs that began before your 2010 tax year. 43

44 Total. Add amounts in column (f). See the instructions for where to report. 44

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: MAINE ACADEMY OF FAMILY PHYSICIANS

EIN: 01-0278420

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data**Software ID:****Software Version:****EIN:** 01-0278420**Name:** MAINE ACADEMY OF FAMILY PHYSICIANS**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 |
|---|---|---|--|---|
| PAUL PELLETIER EAGLE LAKE HLTH CTR EAGLE LAKE, ME 04739 | PAST PRESIDENT 0 50 | 0 | 0 | 0 |
| DAVID JONES PO BOX 1268 PRESQUE ISLE, ME 04769 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| THOMAS BUGBEE PO BOX 1653 BLUE HILL, ME 04614 | VICE PRESIDENT 0 30 | 0 | 0 | 0 |
| ELISABETH MOCK 46 CLARK HILL ROAD HOLDEN, ME 04429 | PRESIDENT 0 50 | 0 | 0 | 0 |
| ROBIN PRITHAM 895 UNION ST 12 BANGOR, ME 04401 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| MINDA GOLD 71 LESSNER ROAD DAMARISCOTTA, ME 04543 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| JEFFREY LOVITZ 75 HIGH STREET FAIRFIELD, ME 04937 | TREASURER 0 30 | 0 | 0 | 0 |
| MARTHA STEWART 22 HARTFORD STREET HOULTON, ME 047301844 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| JOHN SMITH 22 NORTH GAYTON LANE WINTHROP, ME 04364 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| DONNA KIM 37 ANDERSON LANE WESTBROOK, ME 04092 | BD OF DIRECTORS 0 30 | 0 | 0 | 0 |
| DEBORAH HALBACH PO BOX 424 HARTLAND, ME 04943 | EXECUTIVE DIRECTOR 25 00 | 34,669 | 4,318 | 0 |
| ERIN DELANEY 120 CHADWICK STREET PORTLAND, ME 04102 | RESIDENT DIRECTOR 0 50 | 0 | 0 | 0 |