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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, 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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- 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): PO BOX 424. Room/suite: . 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) .

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

I Website: WWW.MAINEAFP.ORG

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 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 \$ 115,121

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: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 115,121 and total expenses is 95,883.

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	177,968	22	197,820
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,534	24	920
25 Total assets	179,502	25	198,740
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)	179,502	27	198,740

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 2011 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	95,882
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	95,882

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 (2011) questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and tax shelter transactions.

Table with columns for question number, Yes, and No, corresponding to questions 33 through 45b.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question number, Yes, No. Row 46: 46, [], 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 47-49b and 52.

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question number, Yes, No. Row 47: 47, [], []

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, [], []

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, [], []

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 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. All rows are empty.

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. All rows are empty.

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: Signature of officer (*****), Date (2012-05-01), Type or print name and title (WILLIAM R JENKINS BOARD OF DIRECTORS)

Paid Preparer's Use Only section: Preparer's signature (DANIEL P DOIRON), Date (2012-05-01), Check if self-employed [], Preparer's taxpayer identification number (P01206204), Firm's name (ALBIN RANDALL & BENNETT), address (PO BOX 445 130 MIDDLE STREET, PORTLAND, ME 041120445), EIN (01-0448006), Phone no ((207) 772-1981)

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

Additional Data**Software ID:****Software Version:****EIN:** 01-0278420**Name:** MAINE ACADEMY OF FAMILY PHYSICIANS**Form 990-EZ, Special Condition Description:****Special Condition Description****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
THOMAS BUGBEE PO BOX 302 BLUE HILL, ME 04614	PRESIDENT 0 50	0	0	0
LISA MARRACHE 109 SILVER STREET WATERVILLE, ME 04901	VICE PRESIDENT 0 30	0	0	0
JEFFREY LOVITZ 75 HIGH STREET FAIRFIELD, ME 04937	TREASURER 0 30	0	0	0
ELISABETH MOCK 46 CLARK HILL ROAD HOLDEN, ME 04429	PAST PRESIDENT 0 50	0	0	0
MINDA GOLD 71 LESSNER ROAD DAMARISCOTTA, ME 04543	BD OF DIRECTORS 0 30	0	0	0
MARTHA STEWART 22 HARTFORD STREET HOULTON, ME 047301844	BD OF DIRECTORS 0 30	0	0	0
WILLIAM R JENKINS 29 FOREST AVENUE MILLINOCKET, ME 04462	BD OF DIRECTORS 0 30	0	0	0
ERICA LOVETT 68 GILL STREET AUBURN, ME 04210	BD OF DIRECTORS 0 30	0	0	0
TERRY ANN SCRIVEN 18 OLD OCEAN HOUSE ROAD CAPE ELIZABETH, ME 04107	BD OF DIRECTORS 0 30	0	0	0
DONNA KIM 28 DURREY LANE FALMOUTH, ME 04105	BD OF DIRECTORS 0 30	0	0	0
DEBORAH HALBACH PO BOX 424 HARTLAND, ME 04943	EXECUTIVE DIRECTOR 25 00	35,011	3,977	0
KATIE CASAS 370 ST PAUL STREET BURLINGTON, VT 05401	STUDENT DIRECTOR 0 50	0	0	0

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

2011

**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 907 DIVIDENDS 1,078 CAPITAL GAIN DISTRIBUTION 123 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 2,108
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 3,999
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 614 DESCRIPTION OTHER EXPENSES AMOUNT 5,292 TOTAL TO FORM 990-EZ, LINE 14 5,906
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 1,035 DESCRIPTION CREDIT CARD SERVICE CHARGES AMOUNT 1,478 DESCRIPTION SUPPLIES AMOUNT 837 DESCRIPTION PAYROLL TAXES AMOUNT 2,873 DESCRIPTION TRAVEL AMOUNT 826 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 854 DESCRIPTION PROGRAM CONFERENCES & CONVENTIONS AMOUNT 26,795 DESCRIPTION MEMBERSHIP NEWSLETTER AMOUNT 458 DESCRIPTION NATIONAL & CONGRESS OF DELEGATE CONFERENCES AMOUNT 9,284 DESCRIPTION BOARD OF DIRECTOR MEETINGS AMOUNT 5,158 DESCRIPTION GRANTS AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 50,098
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,534 END OF YEAR AMOUNT 920

**TY 2011 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.