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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code 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 Form of organization [] Corporation [] Trust [] Association [X] Other 501(C)6

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 146,389

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, Sub-row, Amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21).

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	224,527	22	241,240
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	552	24	331
25 Total assets	225,079	25	241,571
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)	225,079	27	241,571

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

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, HEALTH CONFERENCES, 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	129,897
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) <input checked="" type="checkbox"/>	32	129,897

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract 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 (2013) questions 33-45b regarding organizational activities, financial accounts, and tax shelter transactions.

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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 business address of each independent contractor, (b) Type of service, (c) Compensation

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

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 (*****), Date (2014-05-06), Type or print name and title (WILLIAM R JENKINS BOARD OF DIRECTORS)

Paid Preparer Use Only: Print/Type preparer's name (DANIEL P DOIRON), Preparer's signature, Date (2014-05-06), Check self-employed, PTIN (P01206204), Firm's name (ALBIN RANDALL & BENNETT), Firm's EIN (01-0448006), Firm's address (PO BOX 445 130 MIDDLE STREET, PORTLAND, ME 041120445), Phone no (207) 772-1981

May the IRS discuss this return with the preparer shown above? See instructions

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
LISA MARRACHE PRESIDENT	0 50	0	0	0
WILLIAM STURROCK VICE PRESIDENT	0 30	0	0	0
WILLIAM JENKINS TREASURER	0 30	0	0	0
THOMAS BUGBEE PAST PRESIDENT	0 50	0	0	0
MINDA GOLD BD OF DIRECTORS	0 30	0	0	0
MARTHA STEWART BD OF DIRECTORS	0 30	0	0	0
AMY MADDEN BD OF DIRECTORS	0 30	0	0	0
SWAPNA GUMMADI BD OF DIRECTORS	0 30	0	0	0
TERRY ANN SCRIVEN BD OF DIRECTORS	0 30	0	0	0
JAMES SMITH BD OF DIRECTORS	0 30	0	0	0
DEBORAH HALBACH EXECUTIVE DIRECTOR	25 00	35,472	5,465	0
CHADWICK SZYLVIAN RESIDENT 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
MAINE ACADEMY OF FAMILY PHYSICIANS

Employer identification number

01-0278420

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 291 DESCRIPTION DIVIDENDS AMOUNT 882 DESCRIPTION CAPITAL GAIN DISTRIBUTION AMOUNT 231 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,404
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 2,933
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 221 DESCRIPTION OTHER EXPENSES AMOUNT 5,158 TOTAL TO FORM 990-EZ, LINE 14 5,379
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 682 DESCRIPTION CREDIT CARD SERVICE CHARGES AMOUNT 624 DESCRIPTION SUPPLIES AMOUNT 339 DESCRIPTION PAYROLL TAXES AMOUNT 2,913 DESCRIPTION TRAVEL AMOUNT 598 DESCRIPTION PROGRAM CONFERENCES & CONVENTIONS AMOUNT 61,061 DESCRIPTION NATIONAL & CONGRESS OF DELEGATE CONFERENCES AMOUNT 9,484 DESCRIPTION BOARD OF DIRECTOR MEETINGS AMOUNT 1,958 DESCRIPTION OTHER AMOUNT 4,962 TOTAL TO FORM 990-EZ, LINE 16 82,621
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 552 END OF YEAR AMOUNT 331

**TY 2013 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.