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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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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

Telephone number
 (207) 938-5005

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.MAINEAFP.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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

K Form of organization Corporation Trust Association Other _____

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. ▶ \$ 135,567

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																														
	2 Program service revenue including government fees and contracts		24,949																												
	3 Membership dues and assessments			91,136																											
	4 Investment income				8,616																										
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c Less direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7a Gross sales of inventory, less returns and allowances																															
b Less cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																	10,866														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														135,567	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																													44,212	
	13 Professional fees and other payments to independent contractors																													750	
	14 Occupancy, rent, utilities, and maintenance																													8,763	
	15 Printing, publications, postage, and shipping																													195	
	16 Other expenses (describe in Schedule O)																													57,028	
17 Total expenses. Add lines 10 through 16																													110,948		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																												24,619		
	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)																												271,991		
	20 Other changes in net assets or fund balances (explain in Schedule O)																												0		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																													296,610	

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	271,837	22 296,610
23 Land and buildings		23
24 Other assets (describe in Schedule O)	154	24 0
25 Total assets	271,991	25 296,610
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)	271,991	27 296,610

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, 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	110,949
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	110,949

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
SWAPNA GUMMADI VICE PRESIDENT	0 50	0	0	0
WILLIAM STURROCK PRESIDENT	0 50	0	0	0
JUDITH CHAMBERLAIN TREASURER	0 50	0	0	0
PATRICK CONNOLLY BD OF DIRECTORS	0 30	0	0	0
MARTHA STEWART BD OF DIRECTORS	0 30	0	0	0
FRANK BELLINO BD OF DIRECTORS	0 30	0	0	0
SUSAN CHEFF BD OF DIRECTORS	0 30	0	0	0
JESSICA RICHMOND BD OF DIRECTORS	0 30	0	0	0
DEBORAH HALBACH EXECUTIVE DIRECTOR	25 00	35,337	8,875	0
KATIE WRIGHT RESIDENT DIRECTOR	0 50	0	0	0
DIETER KRECKEL DELEGATE	0 50	0	0	0
LISA MARRACHE PAST PRESIDENT	0 50	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of DEBORAH HALBACH Telephone no (207) 938-5005 Located at PO BOX 424 HARTLAND, ME ZIP + 4 049430424
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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 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 DANIEL P DOIRON Date 2016-05-03 JUDY CHAMBERLAIN TREASURER Type or print name and title

Paid Preparer Use Only Pmnt/Type preparer's name DANIEL P DOIRON Preparer's signature Date 2016-05-03 Check if 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 Yes No

TY 2015 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.

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 990-EZ 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.

OMB No 1545-0047

2015

**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 331 DESCRIPTION DIVIDENDS AMOUNT 825 DESCRIPTION CAPITAL GAIN DISTRIBUTION AMOUNT 7,460 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 8,616
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 3,887 DESCRIPTION AAFF SUPPORT & REIMBURSEMENTS AMOUNT 6,979 TOTAL TO FORM 990-EZ, LINE 8 10,866
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 154 DESCRIPTION OTHER EXPENSES AMOUNT 8,609 TOTAL TO FORM 990-EZ, LINE 14 8,763
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 673 DESCRIPTION CREDIT CARD SERVICE CHARGES AMOUNT 375 DESCRIPTION SUPPLIES AMOUNT 592 DESCRIPTION PAYROLL TAXES AMOUNT 2,898 DESCRIPTI ON TRAVEL AMOUNT 482 DESCRIPTION PROGRAM CONFERENCES & CONVENTIONS AMOUNT 23,033 D DESCRIPTION NATIONAL & CONGRESS OF DELEGATE CONFERENCES AMOUNT 12,513 DESCRIPTION BOAR D OF DIRECTOR MEETINGS AMOUNT 931 DESCRIPTION AAFF ED COMM EXEC (REIMBURSED) AMOUNT 2,678 DESCRIPTION OTHER AMOUNT 12,353 DESCRIPTION GRANT EXPENSE AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 57,028
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 154 END OF YEAR AMOUNT 0