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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
 DELAWARE ACADEMY OF FAMILY PHYSICIANS
 INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 224 WEST STATE ST
 City or town, state or province, country, and ZIP or foreign postal code
 TRENTON, NJ 08608

D Employer identification number
 51-0083101
E Telephone number
 (302) 733-3356
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶
I Website: ▶ N/A
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 ▶ \$ 73,863

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

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	8,850
	2 Program service revenue including government fees and contracts		2	26,597
	3 Membership dues and assessments		3	37,952
	4 Investment income		4	464
	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 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	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)	6b		
c Less direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8 Other revenue (describe in Schedule O)		8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	73,863	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	
	13 Professional fees and other payments to independent contractors		13	40,378
	14 Occupancy, rent, utilities, and maintenance		14	2,025
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	48,824
17 Total expenses. Add lines 10 through 16	▶	17	91,227	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-17,364
	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)		19	126,978
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	109,614

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	129,264	22 116,595
23 Land and buildings		23
24 Other assets (describe in Schedule O)	12,585	24 800
25 Total assets	141,849	25 117,395
26 Total liabilities (describe in Schedule O)	14,871	26 7,781
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,978	27 109,614

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

What is the organization's primary exempt purpose?
 THE MISSION OF THE DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC IS TO PROMOTE EXCELLENCE IN HEALTH CARE AND THE BETTERMENT OF THE HEALTH OF THE PEOPLE OF DELAWARE PURPOSE IN SUPPORT OF THIS MISSION ARE - TO PROVIDE RESPONSIBLE ADVOCACY FOR AND EDUCATION OF PATIENTS- TO PROMOTE THE SCIENCE AND ART OF FAMILY MEDICINE- TO PROMOTE AND MAINTAIN HIGH STANDARDS AMONG PHYSICIANS- TO PROVIDE ADVOCY, REPRESENTATION AND LEADERSHIP FOR THE SPECIALITY OF FAMILY PRACTICE

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
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	

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
RAY SAPUTELLI EXECUTIVE DIRECTOR	16 00	0	0	0
WILLIAM FUNK MD PRESIDENT, BOARD CHAIR	2 00	0	0	0
DAVID HACK MD SECRETARY	1 00	0	0	0
DANIEL DEPIETROPAOLO MD TREASURER	1 00	0	0	0
LINDSAY ASHKENASE MD VICE PRESIDENT	1 00	0	0	0
KAREN ANTELL MD MPH DIRECTOR	1 00	0	0	0
HEATHER BITTNER FAGAN MD MPH DIRECTOR	1 00	0	0	0
SEEMA DATTANI MD PRESIDENT ELECT	2 00	0	0	0
OMAR KHAN MD MHS FAAFP DIRECTOR	1 00	0	0	0
SARAH MULLINS MD ASSISTANT SECRETARY	1 00	0	0	0
REBECCA JAFFE MD MPH FAAFP ASSISTANT TREASURER	1 00	0	0	0
JOSEPH KIM DO FAAFP DIRECTOR	1 00	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

Table with 3 main columns: Question ID, Question Text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	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	46	No

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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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"

(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"

(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 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	***** Signature of officer	2016-11-15 Date
	RAY SAPUTELLI EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVE SEBOLD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00087524
	Firm's name ▶ Ross Angrim Angelini & Co LLP	Firm's EIN ▶ 22-2095327		Phone no (908) 561-1600	
	Firm's address ▶ 775 Mountain Blvd Watchung, NJ 07069				

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

Additional Data

Software ID:
Software Version:
EIN: 51-0083101
Name: DELAWARE ACADEMY OF FAMILY PHYSICIANS
INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.

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

QUARTERLY AND ANNUAL MEETINGS ARE CONDUCTED IN ORDER TO KEEP FAMILY PHYICIANS ABREAST OF CURRENT EVENTS IN THE MEDICAL PROFESSION CURRENT RESEARCH AND
28 PRACTICES
(Grants \$ 2,500)

If this amount includes foreign grants, check here . . .

28a

0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>	
<p>CONTINUING MEDICAL EDUCATION IS OFFERED TO ENCOURAGE MEMBERS TO LEARN NEW 29 TECHNIQUES, PRACTICES, RESEARCH AND FINDINGS (Grants \$ 6,350)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	<p>0</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>	
<p>30 SUNDRY OTHER EXPENDITURES TO PROMOTE THE MEDICAL PROFESSION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>30a</p>	<p>0</p>

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: DELAWARE ACADEMY OF FAMILY PHYSICIANS
INC

EIN: 51-0083101

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.

2015

**Open to Public
Inspection**

Name of the organization
DELAWARE ACADEMY OF FAMILY PHYSICIANS
INC

Employer identification number

51-0083101

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 464
Form 990-EZ, Part I, Line 16 - Other Expenses	Description MEETING EXPENSES Amount 21,272 Description AWARDS Amount 800 Description on TRAVEL Amount 7,003 Description TELEPHONE Amount 265 Description CONFERENCE EX PENSES Amount 1,246 Description INSURANCE EXPENSE Amount 1,196 Description MEALS & ENTERTAINMENT Amount 1,395 Description OFFICE EXPENSES Amount 151 Description AUT O EXPENSES Amount 940 Description EXECUTIVE DIRECTOR FEES Amount 5,079 Description ADMINISTRATIVE EXPENSES Amount 9,477 Total to Form 990-EZ, line 16 48,824

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description ACCOUNTS RECEIVABLE - NET Beg of Year Amount 12,585 End of Year Amount 800
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description ACCRUED EXPENSES Beg of Year Amount 14,871 End of Year Amount 0 Description ACCOUNTS PAYABLE Beg of Year Amount 0 End of Year Amount 7,781