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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

- 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

E 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. ▶ \$ 126,202

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

	Description		Amount	
Revenue	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts		24,055	
	3 Membership dues and assessments		91,799	
	4 Investment income		5,150	
	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)			5,198	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	126,202	
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		51,171	
	13 Professional fees and other payments to independent contractors		755	
	14 Occupancy, rent, utilities, and maintenance		5,207	
	15 Printing, publications, postage, and shipping		190	
	16 Other expenses (describe in Schedule O)		48,360	
	17 Total expenses. Add lines 10 through 16 ▶		17	105,683
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,519	
Net Assets	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)		296,610	
	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		21	317,129

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	296,610	22 317,129
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	296,610	25 317,129
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)	296,610	27 317,129

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 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) <input checked="" type="checkbox"/>	32	105,683

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
PATRICK CONNOLLY	0 50	0	0	0
VICE PRESIDENT				
WILLIAM STURROCK	0 50	0	0	0
PRESIDENT				
JUDITH CHAMBERLAIN	0 50	0	0	0
TREASURER				
PHILIP ELKIN	0 30	0	0	0
BD OF DIRECTORS				
SILWANA SIDORCZUK	0 30	0	0	0
BD OF DIRECTORS				
FRANK BELLINO	0 30	0	0	0
BD OF DIRECTORS				
SUSAN CHEFF	0 30	0	0	0
BD OF DIRECTORS				
SAMUELA MANAGES	0 30	0	0	0
BD OF DIRECTORS				
SARAH IRVING	0 30	0	0	0
BD OF DIRECTORS				
DEBORAH HALBACH	25 00	35,337	15,834	0
EXECUTIVE DIRECTOR				
NINA QUICKSELL	0 50	0	0	0
RESIDENT DIRECTOR				
KELSEY MCDONALD	0 50	0	0	0
RESIDENT DIRECTOR				

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 columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 2 columns: Yes, No. Row 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

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?
49b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 47-49b: All empty

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

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 2017-04-26 Date
JUDY CHAMBERLAIN TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DANIEL P DOIRON Preparer's signature Date 2017-04-25 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

Additional Data

Software ID:

Software Version:

EIN: 01-0278420

Name: MAINE ACADEMY OF FAMILY PHYSICIANS

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>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)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	105,683

**TY 2016 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)**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

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

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 374 DESCRIPTION DIVIDENDS AMOUNT 1,269 DESCRIPTION CAPITAL GAIN DISTRIBUTION AMOUNT 3,507 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 5,150

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 148 DESCRIPTION AAFP SUPPORT & REIMBURSEMENTS AMOUNT 5,050 TOTAL TO FORM 990-EZ, LINE 8 5,198

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 718 DESCRIPTION CREDIT CARD SERVICE CHARGES AMOUNT 2,194 DESCRIPTION SUPPLIES AMOUNT 907 DESCRIPTION PAYROLL TAXES AMOUNT 2,834 DESCRIPTION TRAVEL AMOUNT 741 DESCRIPTION PROGRAM CONFERENCES & CONVENTIONS AMOUNT 21,303 DESCRIPTION NATIONAL & CONGRESS OF DELEGATE CONFERENCES AMOUNT 15,102 DESCRIPTION BOARD OF DIRECTOR MEETINGS AMOUNT 2,076 DESCRIPTION OTHER AMOUNT 1,985 DESCRIPTION GRANT EXPENSE AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 48,360