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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NEW HAMPSHIRE PSYCHOLOGICAL ASSOC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 1205

City or town, state or country, and ZIP + 4
CONCORD NH 03301

D Employer identification number
80-0329399

E Telephone number
603-225-9925

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW.NHPAONLINE.ORG

J Tax-exempt status (check only one) – ☒ 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 Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 113,832

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received		1	16,500
2	Program service revenue including government fees and contracts		2	44,412
3	Membership dues and assessments See Statement 1		3	50,188
4	Investment income		4	320
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	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
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 ▶ See Statement 2)		8	2,412
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	113,832
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	73,438
13	Professional fees and other payments to independent contractors		13	
14	Occupancy, rent, utilities, and maintenance		14	7,618
15	Printing, publications, postage, and shipping		15	872
16	Other expenses (describe ▶ See Statement 3)		16	36,746
17	**Total expenses.** Add lines 10 through 16 ▶		17	118,674
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,842
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	28,189
20	Other changes in net assets or fund balances (attach explanation) See Statement 4		20	-11,353
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	11,994

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	31,705	22	12,850
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 5)		24	2,837
25 **Total assets**	31,705	25	15,687
26 **Total liabilities** (describe ▶ See Statement 6)	3,516	26	3,693
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	28,189	27	11,994

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

ADVANCEMENT OF PSYCHOLOGY

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, or other relevant information for each program title

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

28 CONTINUING EDUCATION: WORKSHOPS, EXPLORING PSYCHOLOGY ISSUES AND BUSINESS ISSUES IN PSYCHOLOGY. RESEARCH ON LEGAL ISSUES RELATING TO PSYCHOLOGY.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a**

29 LOBBYIST: MONITOR AND ADVISE; LOBBY FOR LEGISLATIVE ISSUES REGARDING PSYCHOLOGY AND MENTAL HEALTH.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **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.)

(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
FOAD AFSHAR 1 HIDDEN FORREST DRIVE	BOW NH 03304	PRESIDENT	0	0	0
JOHN RANDOLPH 2 MONTVIEW DRIVE	HANOVER NH 03755	PRESIDENT-ELECT	0	0	0
STEVEN ATKINS 136 LYME ROAD	HANOVER NH 03755	PAST-PRESIDENT	0	0	0
THOMAS BURNS 90 WASHINGTON STREET	DOVER NH 03820	TREASURER	0	0	0
LEISL BRYANT 109 PONEMAH ROAD	AMHERST NH 03031	SECRETARY	0	0	0
TERESA BOLICK 20 KIRSI CIRCLE	WESTFORD MA 01886	DIRECTOR	0	0	0
CELIA OLIVER 238 FORREST ROAD	GREENFIELD NH 03047	DIRECTOR	0	0	0
MICHAEL PHILLIPS 23 KING CHARLES DRIVE	LONDONDERRY NH 03053	DIRECTOR	0	0	0
MAURA SULLIVAN 15 NORTH MAIN STREET #9	WOLFEBORO NH 03894	DIRECTOR	0	0	0
DONNA HASTINGS 31 NATICOOK ROAD	MERRIMACK NH 03054	DIRECTOR	0	0	0
ROBERT WALRATH 816 MAPLE STREET	MANCHESTER NH 03104	DIRECTOR	0	0	0
CLAIRE SCIGLIANO 99 AUBURN STREET	CONCORD NH 03301	ETHICS CHAIR	0	0	0
DAWN HUEBNER 2 FRANKLIN STREET	EXETER NH 03833	PR CHAIR	0	0	0
JOHN CABIBI 18 NORTH MAIN STREET	CONCORD NH 03301	PROFESSIONAL AFFAIRS	0	0	0
SHEILA GARDNER 1 STEVENS WAY	DURHAM NH 03824	HR CHAIR	0	0	0
WILLIAM GUNN 250 PLEASANT STREET	CONCORD NH 03301	APA COUNCIL REP	0	0	0
KATHRYN SAYLOR PO BOX 1205	CONCORD NH 03302	EXECUTIVE DIRECTOR 40.00	70,000	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	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	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ KATHRYN SAYLOR Telephone no. ▶ 603-225-9925

Located at ▶ PO BOX 1205 CONCORD, NH ZIP + 4 ▶ 03302

			Yes	No
b	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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating 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 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

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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

Signature of officer Date 11-15-10

Kathryn Saylor Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr)
Karen M Carew	11/12/10	☐	P00399595

Firm's name (or yours if self-employed), address, and ZIP + 4: CAREW & WELLS, PLLC, 3 North Spring St, Suite 100, Concord, NH 03301

EIN ▶ 41-2243136

Phone no ▶ 603-224-3950

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

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	$ 50,188
Total	$ 50,188

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Other Revenue	$ 2,412
Total	$ 2,412

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
	533
COMP AND FURN	670
WEBSITE	332
STUDENT CONVENTION EXPENSE	521
ANNUAL MEETING AWARDS DINNER	301
ANNUAL MEMBERSHIP MEETING	284
CE COMMITTEE	32
FALL CONFERENCE 2009	325
TOTAL CONTINUING ED CONF.	27,760
INSURANCE	2,061
NHPA EDUCATIONAL FOUNDATI	810
PROFESSIONAL DUES	166
RULES REVISIONS	7
PSYCH HEALTH WORKPLACE	453
BOARD EXPENSES	351
BANK FEES	102
COMMUNICATIONS	524
CREDIT CARD FINANCE CHRGS	331
EXEC DIRECTOR EXPENSE	383
APA REP	800
Total	$ 36,746

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENT	$ -11,353
Total	$ -11,353

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	$	$ 2,837
		2,837

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 3,516	$ 3,693
	3,516	3,693