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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

2011

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| | | | | |
|--|--|---|--|--|
| A For the 2011 calendar year, or tax year beginning _____, and ending _____ | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NH ACADEMY OF FAMILY PHYSICIANS Number and street (or P O box, if mail is not delivered to street address) 7 NORTH STATE STREET City or town CONCORD state or country NH ZIP + 4 03301 | | | |
| D Employer identification number 02-0242390 | | E Telephone number (603) 224-1909 | | |
| G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ | | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | | |
| I Website: ► WWW.NHAFP.ORG | | | | |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return | | | | |
| 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ► \$ 63,628 | | |
| 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 <input checked="" type="checkbox"/> | | | | |
| Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 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) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 63,628 | 1 2 15,433 3 48,195 4 5c 0 6d 0 7c 0 8 9 63,628 | | | |
| Net Assets 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ► 74,671 | 10 2,500 11 12 13 7,000 14 15 16 65,171 17 74,671 | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 118,656 | 18 -11,043 19 129,699 20 21 118,656 | | | |

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 | 129,699 | 22 | 118,656 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 129,699 | 25 | 118,656 |
| 26 Total liabilities (describe in Schedule O) | | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 129,699 | 27 | 118,656 |

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? Promote & encourage high standards in family medicine

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 and section 4947(a)(1) trusts, optional for others)

28 Officers attend a national convention, hold a continuing medical education workshop and hold meetings to further the mission to promote and maintain high standards in family medicine.

(Grants \$) If this amount includes foreign grants, check here ►

28a 74,671

29

(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 (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ►

31a

32

Total program service expenses. (add lines 28a through 31a) ► 32 74,671

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 address | (b) Title and 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 |
|--|--|---|--|--|
| ROBERT KIEFNER, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title PRESIDENT Hr/WK 2.00 | 0 | | |
| DOUGLAS DREFFER, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title VICE PRESIDENT Hr/WK 2.00 | 0 | | |
| MELISSA DUXBURY, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title SECRETARY Hr/WK 2.00 | 0 | | |
| BURT DIBBLE, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title TREASURER Hr/WK 2.00 | 0 | | |
| ROBERT SOUCY, DO 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| LOUIS KAZAL, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| MOLLY ROSSIGNAL, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| LAUREN OSHMAN, MD MPH 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| MOLLY ROSSIGNAL, DO 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| ELEANOR BUENO, DO 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| GARY SOBELSON, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 0 | | |
| JENNIFER MADDEN, MD 7 NORTH STATE STREET CONCORD NH 03301 | Title MEMBER Hr/WK 1.00 | 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.

| | Yes | No |
|---|------------|-----------|
| 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. | 33 | X |
| 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. Otherwise, explain the change on Schedule O (see instructions). | 34 | X |
| 35 a 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)? | 35a | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | X |
| c 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 | 35c | X |
| 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 |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38 a 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? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter: | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ | 40a | |
| 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 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 | 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 | 40c | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | 40d | |
| 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. ► NH | | |
| 42 a The organization's books are in care of ► Catrina Watson, Executive Director Telephone no. ► (603) 224-1909 | | |
| Located at ► 7 North State Street City Concord ST NH ZIP + 4 ► 03301 | | |
| 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 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 | | |
| 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | |
| b 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). | 45b | X |

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

| | |
|-----|----|
| Yes | No |
| 46 | 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 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

| | | | | | | | | | | | |
|---|---|-----|----|----|---|----|---|-----|---|-----|--|
| <p>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.</p> <p>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</p> <p>49 a Did the organization make any transfers to an exempt non-charitable related organization?</p> <p>b If "Yes," was the related organization a section 527 organization?</p> <p>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."</p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">47</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">48</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">49a</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">49b</td> <td></td> </tr> </table> | Yes | No | 47 | X | 48 | X | 49a | X | 49b | |
| Yes | No | | | | | | | | | | |
| 47 | X | | | | | | | | | | |
| 48 | X | | | | | | | | | | |
| 49a | X | | | | | | | | | | |
| 49b | | | | | | | | | | | |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and 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 |
|---|--|---|---|--|
| Name None Str | Title | | | |
| City ST ZIP | Hr/WK .00 | | | |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | | | |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | | | |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | | | |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | | | |
| f Total number of other employees paid over \$100,000 | | | | |

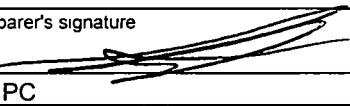
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| Name None Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| Name Str | | |
| City ST ZIP | | |
| f 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 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 | <input type="checkbox"/> <i>Rowley 1 (rowley, m)</i> <input type="checkbox"/> <i>Robert Kiefer, M.D.</i> <input type="checkbox"/> Type or print name and title | <input type="checkbox"/> <i>6/12/12</i> Date |
|------------------|--|---|

| | | |
|-------------------------------|--|--|
| Paid Preparer Use Only | Print/Type preparer's name ERIC ROWLEY | Preparer's signature  |
| | Date 6/6/2012 | Check <input type="checkbox"/> if self-employed P00581700 |
| | Firm's name ► ROWLEY AND ASSOCIATES, PC | Firm's EIN ► 02-0522619 |
| | Firm's address ► 6A HILLS AVENUE, CONCORD, NH 03301 | Phone no (603)-228-5400 |

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

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.

OMB No. 1545-0047

2011

Open to Public
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Name of the organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Education Consortium, Grantee: Family

Medicine Education Consortium 7795 Raintree Road Daytona OH 45459, Cash Grant: 2,500.

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 1,504

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 720

Form 990-EZ, Part I, Line 16, Other Expenses: ACCOUNTING FEES: 387

Form 990-EZ, Part I, Line 16, Other Expenses: MEDICAL EDUCATION MEETINGS: 38,586

Form 990-EZ, Part I, Line 16, Other Expenses: COD MEETING: 3,304

Form 990-EZ, Part I, Line 16, Other Expenses: NATIONAL CONVENTIONS: 11,801

Form 990-EZ, Part I, Line 16, Other Expenses: AWARDS: 147

Form 990-EZ, Part I, Line 16, Other Expenses: STUDENT DUES: 6,463

Form 990-EZ, Part I, Line 16, Other Expenses: RESIDENTS: 1,931

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS: 199

Form 990-EZ, Part I, Line 16, Other Expenses: WEBSITE: 129

Name of the organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

Name of Organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

| | | |
|---|---|---|
| Type or print | Name of exempt organization or other filer, see instructions NH ACADEMY OF FAMILY PHYSICIANS | Employer identification number (EIN) or <input checked="" type="checkbox"/> 02-0242390 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions. 7 NORTH STATE STREET | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions. CONCORD | NH 03301 |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► **Catrina Watson, Executive Director**

Telephone No. ► (603) 224-1909

FAX No. ►

► If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2011 or► tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | |
|---|----|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions