



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public  
Inspection

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](http://www.irs.gov/form990).

<b>A For the 2013 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<input type="checkbox"/> 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		<b>C Name of organization</b> <b>NH ACADEMY OF FAMILY PHYSICIANS</b> <b>Number and street (or P.O. box, if mail is not delivered to street address)</b> <b>7 NORTH STATE STREET</b> <b>City or town</b> <b>CONCORD</b> <b>State</b> <b>NH</b> <b>ZIP code</b> <b>03301</b> <b>Foreign country name</b> <b>Foreign province/state/county</b> <b>Foreign postal code</b>	
		<b>D Employer identification number</b> <b>02-0242390</b> <b>E Telephone number</b> <b>(603) 224-1909</b> <b>F Group Exemption Number</b>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>I Website:</b> ► <a href="http://WWW.NHAFP.ORG">WWW.NHAFP.ORG</a>		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>J Tax-exempt status (check only one)</b> — <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			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>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 ► \$ 83,800</b>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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	1	
	2 Program service revenue including government fees and contracts	2	23,828
	3 Membership dues and assessments	3	59,972
	4 Investment income	4	
	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	0
	6 Gaming and fundraising events	6	
	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	0	
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	0	
8 Other revenue (describe in Schedule O)	8		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	83,800	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	10,000
	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	7,384
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	54,828
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17	72,212
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,588
	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	92,812
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ►	21	104,400

**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 . . . . .	92,812	22 104,400
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	92,812	25 104,400
26	Total liabilities (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	92,812	27 104,400

**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.

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 ► <input type="checkbox"/>	28a		72,213
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	<b>Total program service expenses.</b> (add lines 28a through 31a) . . . . .		► <input type="checkbox"/>	32 72,213

**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
ROBERT KIEFNER, MD				
PRESIDENT	Hr/WK 2.00			
DOUGLAS DREFFER, MD				
VICE PRESIDENT	Hr/WK 2.00			
MELISSA DUXBURY, MD				
SECRETARY	Hr/WK 2.00			
BURT DIBBLE, MD				
TREASURER	Hr/WK 2.00			
ROBERT SOUCY, DO				
MEMBER	Hr/WK 1.00			
LOUIS KAZAL, MD				
MEMBER	Hr/WK 1.00			
MOLLY ROSSIGNOL, MD				
MEMBER	Hr/WK 1.00			
STEVE ELGERT				
MEMBER	Hr/WK 1.00			
GARY SOBELSON, MD				
MEMBER	Hr/WK 1.00			
HILARY ALVAREZ				
MEMBER	Hr/WK 1.00			
PETER MASON, MD				
MEMBER	Hr/WK 1.00			
CATRINA WATSON				
EXEC DIRECTOR	Hr/WK 10.00			

**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	
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 ► _____	40b	
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	40c	
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. ► _____	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. ► _____	40e	X
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		
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 ► <input type="checkbox"/> 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	X
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 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. . . . .

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49 a 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."

(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
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000 . . . . . ►

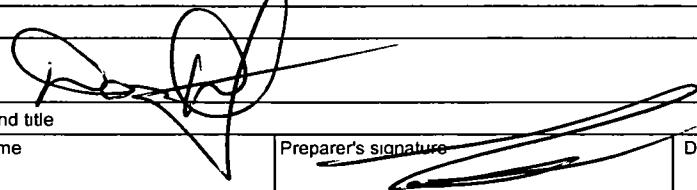
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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	

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 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

<b>Sign Here</b>	► Signature of officer	Date		
	► Type or print name and title	5/9/14		
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Eric Rowley		5/6/2014	PTIN P00581700
	Firm's name ► ROWLEY AND ASSOCIATES, PC	Firm's EIN ► 02-0522619		
Firm's address ► 6A HILLS AVE, CONCORD, NH 03301	Phone no (603)228-5400			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

►  Yes  No

**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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee, NH Academy of Family

Physicians Foundation 7 North State Street Concord NH 03301, Cash Grant, 10,000, Relationship.

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment 1,844

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 46,676

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 32

Form 990-EZ, Part I, Line 16, Other Expenses: Awards 636

Form 990-EZ, Part I, Line 16, Other Expenses: Other expenses: 300

Form 990-EZ, Part I, Line 16, Other Expenses: Residents: 3,594

Form 990-EZ, Part I, Line 16, Other Expenses: Website, 1,746

Name of the organization

**NH ACADEMY OF FAMILY PHYSICIANS**

Employer identification number

02-0242390