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Form 990-EZ

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 foundation)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial 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 4765 OGLETOWN-STANTON ROAD
City or town, state or province, country, and ZIP or foreign postal code NEWARK, DE 197138004

D Employer identification number 51-0083101

E Telephone number (302) 733-3356

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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 \$93,307

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 1,717 to 142,665.

**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 |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 137,033               | <b>22</b> | 141,900         |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  | 765                   | <b>24</b> | 765             |
| <b>25 Total assets</b> . . . . .   | 137,798               | <b>25</b> | 142,665         |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 435                   | <b>26</b> |                 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 137,363               | <b>27</b> | 142,665         |

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

What is the organization's primary exempt purpose?

SEE ATTACHED STATEMENT

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

|   |            |
|---|------------|
| <b>28</b> QUARTERLY AND ANNUAL MEETINGS ARE CONDUCTED IN ORDER TO KEEP FAMILY PHYSICIANS ABREAST OF CURRENT EVENTS IN THE MEDICAL PROFESSION CURRENT RESEARCH AND PRACTICES (Grants \$ ) . . . . .<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |
| <b>29</b> CONTINUING MEDICAL EDUCATION IS OFFERED TO ENCOURAGE MEMBERS TO LEARN NEW TECHNIQUES, PRACTICES, RESEARCH AND FINDINGS (Grants \$ ) . . . . .<br>If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> |
| <b>30</b> SUNDRY OTHER EXPENDITURES TO PROMOTE THE MEDICAL PROFESSION (Grants \$ ) . . . . .<br>If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30a</b> |
| <b>31</b> Other program services (describe in Schedule O) (Grants \$ ) . . . . .<br>If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>   | <b>32</b>  |

**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 |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

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

Form 990-EZ (2013) Part V Other Information. Includes questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities. Includes a table with Yes/No columns for each question.

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

Yes 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

Yes No

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

48

Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes No

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

49b

Yes No

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 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: Signature of officer (MARGOT L SAVOY PRESIDENT) and Date (2014-05-13)

Paid Preparer Use Only: Print/Type preparer's name (JAMES R ZDIMAL CPA), Preparer's signature, Date, Check self-employed, PTIN, Firm's name (HAGGERTY & HAGGERTY PA), Firm's EIN, Firm's address (510 PHILADELPHIA PIKE WILMINGTON, DE 19809), Phone no (302) 762-6380

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 IV - List of Officers, Directors, Trustees, and Key Employees**

| <b>(A) Name and address</b>                  | <b>(B) Title and average hours per week devoted to position</b> | <b>(C) Compensation (If not paid, enter -0-.)</b> | <b>(D) Contributions to employee benefit plans &amp; deferred compensation</b> | <b>(E) Expense account and other allowances</b> |
|--|---|---|--|---|
| KATIE HAMILTON<br>EXECUTIVE DIRECTOR         | 16 00   | 0   |  |   |
| MARGOT L SAVOY MD MPH<br>PRESIDENT           | 2 00  | 0   |  |   |
| ERIN KAVANAUGH MD<br>PRESIDENT ELECT         | 2 00  | 0   |  |   |
| EDWARD SOBEL DO<br>VICE PRESIDENT            | 2 00  | 0   |  |   |
| DAVID HACK MD<br>SECRETARY                   | 1 00  | 0   |  |   |
| SARAH MULLINS MD<br>ASSISTANT SECRETARY      | 1 00  | 0   |  |   |
| DANIEL DEPIETROPAOLO MD<br>TREASURER         | 1 00  | 0   |  |   |
| LINDSAY ASHKENASE MD<br>ASSISTANT TREASURER  | 1 00  | 0   |  |   |
| OMAR A KHAN MD<br>BOARD MEMBER               | 1 00  | 0   |  |   |
| CEDRIC BARNES DO<br>BOARD MEMBER             | 1 00  | 0   |  |   |
| HEATHER BITTNER FAGAN MD MPH<br>BOARD MEMBER | 1 00  | 0   |  |   |
| HUGH BONNER III MD<br>BOARD MEMBER           | 1 00  | 0   |  |   |
| JAMES GILL MD MPH<br>BOARD MEMBER            | 1 00  | 0   |  |   |
| JULIO NAVARRO MD FAAFP<br>BOARD MEMBER       | 1 00  | 0   |  |   |
| JOSHUA OKON MD<br>BOARD MEMBER               | 1 00  | 0   |  |   |

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|------------------------------------|---|---|--|---|
| NOVNEET SAHU MD<br>BOARD MEMBER    | 1 00  | 0   |  |   |
| MATTHEW TULLOCH MD<br>BOARD MEMBER | 1 00  | 0   |  |   |

**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 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  
DELAWARE ACADEMY OF FAMILY PHYSICIANS INC

**Employer identification number**

51-0083101

**990 Schedule O, Supplemental Information**

| Return Reference             | Explanation  |
|------------------------------|--|
| Form 990EZ, Part I, Line 8   | AAFP CAMPAIGN INCOME 3000  |
| Form 990EZ, Part I, Line 16  | ANNUAL MEETING 13699 AWARDS AND SCHOLARSHIPS CONFERENCES AND SEMINARS 21330 CONTINUING MEDICAL EDUCATION 1672 DUES 1470 INSURANCE 2031 MISCELLANEOUS 326 PAYROLL TAXES 0 QUARTERLY MEETINGS 10334 CONTRIBUTIONS 1750 |
| Form 990EZ, Part II, Line 24 | ACCOUNTS RECEIVABLE - NET 765 765 EQUIPMENT NET OF DEPRECIATION 0 0  |
| Form 990EZ, Part II, Line 26 | ACCRUED EXPENSES 435   |
| Form 990, Part IX, Line 24f  | MISCELLANEOUS OFFICE EXPENSE PROFESSIONAL FEES RESIDENTS DUES SPORTS MEDICINE UTILITIES INSURANCE  |