

**Short Form**  
**Return of Organization Exempt From Income Tax**

2949202302905  
OMB No. 1545-0007

2019

Department of the Treasury  
Internal Revenue Service

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.  
 ► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

A For the 2019 calendar year, or tax year beginning

, and ending

B Check if applicable		C Name of organization <b>NH ACADEMY OF FAMILY PHYSICIANS</b>			D Employer identification number 02-0242390	
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address) <b>7 NORTH STATE STREET</b>			Room/suite	
<input type="checkbox"/> Name change		City or town <b>CONCORD</b>		State <b>NH</b>	ZIP code <b>03301</b>	E Telephone number (603) 224-1909
<input type="checkbox"/> Initial return						
<input type="checkbox"/> Final return/terminated						
<input type="checkbox"/> Amended return						
<input type="checkbox"/> Application pending		Foreign country name <b>CONCORD</b>		Foreign province/state/county <b>NH</b>	Foreign postal code <b>06</b>	F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [WWW.NHAFP.ORG](http://WWW.NHAFP.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527K 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 89,181

**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 

1 Contributions, gifts, grants, and similar amounts received	1	5,000
2 Program service revenue including government fees and contracts	2	20,286
3 Membership dues and assessments	3	63,850
4 Investment income	4	45
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		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 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	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,181
10 Grants and similar amounts paid (list in Schedule O)	10	5,180
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	8,454
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	64,487
17 Total expenses. Add lines 10 through 16	17	78,121
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	11,060
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	122,011
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	133,071

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2019)

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**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	122,011	22 133,071
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	122,011	25 133,071
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,011	27 133,071

**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, 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 \$ 5,180 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	77,640
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)		32	77,640

**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
MELISSA DUXBURY, MD				
PRESIDENT	Hr/WK 2 00			
JOANN BUONOMANO, MD				
PRESIDENT ELECT	Hr/WK 2 00			
MARY CULLEN, DO				
SECRETARY	Hr/WK 2 00			
PAULA LEONARD-SCHWARTZ, MD				
TREASURER	Hr/WK 2 00			
CATRINA WATSON				
EXECUTIVE DIRECTOR	Hr/WK 10 00			
HILARY ALVAREZ, MD				
DELEGATES	Hr/WK 2 00			
LOUIS KAZAL, MD				
DELEGATES	Hr/WK 2 00			
MARIE RAMAS, MD				
ALTERNATE DELEGATES	Hr/WK 1 00			
DOUGLAS PHELAN, DO, MPH				
ALTERNATE DELEGATES	Hr/WK 1 00			
MOLLY ROSSIGNOL, DO				
IMMEDIATE PAST PRESIDENT	Hr/WK 1 00			
	Hr/WK			
	Hr/WK			

**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.

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

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?  38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38a X

39 Section 501(c)(7) organizations Enter  39a

a Initiation fees and capital contributions included on line 9  39b

b Gross receipts, included on line 9, for public use of club facilities  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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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  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  42b X

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  42c X

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►  43

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 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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"

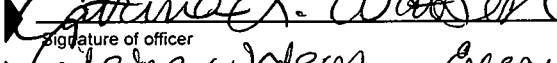
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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 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			Date 6/18/20
	Signature of officer Caterina Watson	Executive Director	
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name Eric Rowley	Preparer's signature 	Date 6/12/2020	Check <input type="checkbox"/> if self-employed	PTIN P00581700
	Firm's name ► Rowley & Associates, P.C.	Firm's EIN ► 02-0522619			
	Firm's address ► 46 N State Street, 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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 1,079

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 46,710

Form 990-EZ, Part I, Line 16, Other Expenses Awards 411

Form 990-EZ, Part I, Line 16, Other Expenses Other expenses 260

Form 990-EZ, Part I, Line 16, Other Expenses Website 1,745

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 2,078

Form 990-EZ, Part I, Line 16, Other Expenses Dues 6,652

Form 990-EZ, Part I, Line 16, Other Expenses Residents 5,525

Form 990-EZ, Part I, Line 16, Other Expenses Bank service charges 27

Name of the organization

NH ACADEMY OF FAMILY PHYSICIANS

Employer identification number

02-0242390