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A For the 2011 calendar year, or tax year beginning 07-01-2011

C Name of organization
AMER ACADEMY OF PEDIATRICS - VT CHAPTER

As Filed Data -

DLN: 93492032001113

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

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

Short Form

Return of Organization Exempt From Income Tax

► The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 06-30-2012

Open to Public **Inspection**

	ame ch	italiber and street for it or box, it mains not delivered to street dadress, it com, saite	E Telephone	
Initial return Terminated			(8	302) 223-7898
			F Group Exe	
		MONTPELIER, VT 05601 on pending	Number	•
•				
			_	
G A c	count			e organization is not Schedule B
		l '		Z, or 990-PF)
	bsite			
J Tax	-Exem _l	pt status(check only one)— 501(c)(3)		
K Ch	eck 🕨	If the organization is not a section 509(a)(3) supporting organization or a section 527 organizat	ion and it	s gross receipts are
		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
		ns) But if the organization chooses to file a return, be sure to file a complete return 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		
Pa	rt I		structions	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	183,088
	2	Program service revenue including government fees and contracts	2	400
	3	Membership dues and assessments	3	12,773
	4	Investment income	. 4	428
	5a	Gross amount from sale of assets other than inventory 5a		
ent.	b	Less cost or other basis and sales expenses 5b	0	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ĕ	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 \$ _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	0	
	c	Less direct expenses from gaming and fundraising events 6c	О	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) 6d	
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	196,689
	10	Grants and similar amounts paid (list in Schedule O)	10	32,850
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	12,843
ا پر	13	Professional fees and other payments to independent contractors	. 13	57,947
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	
Ž.	15	Printing, publications, postage, and shipping	15	245
ш	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	
.0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	
20 J	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		+ 3,531
etAssets		end-of-year figure reported on prior year's return)	19	29,506
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
_		Net assets or fund balances at end of year Combine lines 18 through 20		
	21	ivec assets of fully paralices at end of year. Compline lines to through 20	21	33,387

De Les Delle des Charate					, age
Part II Balance Sheets	d Schadula O to recoond to	any guastian in thi	c Dart II		₽
Check if the organization use	a Schedule O to respond to	any question in tin	SPAILII	•	
(See the instru	ctions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[80,517	22	14,645
23 Land and buildings		[23	
24 Other assets (describe in Schedule 0))	. [24	101,324
25 Total assets		🗀	80,517	25	115,969
26 Total liabilities (describe in Schedule			51,011	26	82,582
27 Net assets or fund balances (line 27	of column (B) must agree w	th line 21) .	29,506	27	33,387
Check if the organization use What is the organization's primary exemp PROMOTE HEALTH FOR VT CHILDREN Describe the organization's program servi measured by expenses. In a clear and col benefited, and other relevant information is	ed Schedule O to respond to t purpose? ce accomplishments for each noise manner, describe the s	any question in thi	st program services, as	(c)(org 494	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, clonal for others)
28 provide pediatric related program serv	· ·	grants, check here	▶┌	28a	
30	nis amount includes foreign	-	·	29a 30a	
31 Other program services (describe in S (Grants \$)	chedule O) nis amount includes foreign	grants, check here	 	31a	
32 Total program service expenses (add II			. ▶	32	
Part IV List of Officers, Directors, Tr Check if the organization use					ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensati (If not paid, enter -0)		s to lans 8	(e) Expense
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	s Part V		<u> </u>				
					Yes	No		
33	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O			33		No		
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)							
35	If the organization had income from business activities, such as those reported on li others), but not reported on Form 990-T, explain in Schedule O why the organization Form 990-T	n dıd no	t report the income					
	Did the organization have unrelated business gross income of $$1,000$ or more during activities (such as those reported on lines 2, 6a, and 7a, among others)?			35a		No		
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' proving Schedule O $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$	ıde an e	explanation in	35b		No		
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subprotice, reporting, and proxy tax requirements during the year? If Yes, 'complete Sch			35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disthe year? If "Yes," complete applicable parts of Schedule N	spositio	n of net assets dur	ing 36		No		
37a	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		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee,							
	any such loans made in a prior year and still outstanding at the end of the tax year c			38a		No		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38ь	2,					
39	Section 501(c)(7) organizations. Enter	300						
	Initiation fees and capital contributions included on line 9	39a		0				
		39b						
	Gross receipts, included on line 9, for public use of club facilities	-						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri section 4911 ▶		year under					
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sect transaction during the year or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa							
		40b						
c	Section $501(c)(3)$ and $501(c)(4)$ organizations Enter amount of tax imposed on org disqualified persons during the year under sections $4912,4955,$ and 4958		on managers or					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reinforganization	mburse	d by the					
е	All organizations. At any time during the tax year, was the organization a party to a pitransaction? If "Yes," complete Form 8886-T			40e		No		
41	List the states with which a copy of this return is filed 🕨							
42a	The organization's books are in care of ▶ VERMONT MEDICAL SOCIETY		Telephone	no 🟲 <u>(80</u>	2)223	-7898		
	131 MAIN STREET Located at ► MONTPELIER, VT		ZIP +	-4 ► 0.	5601			
				· -				
b	At any time during the calendar year, did the organization have an interest in or a signover a financial account in a foreign country (such as a bank account, securities account)?	-	•	42b	Yes	No No		
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.							
c	At any time during the calendar year, did the organization maintain an office outside	of the	JS?	42c		Νo		
	If "Yes," enter the name of the foreign country							
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 and enter the amount of tax-exempt interest received or accrued during the tax year					▶ Г		
					Yes	No		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be co	omplete	d instead of		res	NO		
	Form 990-EZ.			44a		No		
b	 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ 							
c	44b		No					
ل.	If 'Voc' to line 44c, has the organization filed a Form 730 to warm these many than 1) If \\in_	'nroudo an cumba	44c		No		
a	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? In Schedule O	· 11 IVO,	provide all explanat	10n 44d		No		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(1$	3)?						
				45a		No		
45b	45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b 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 No							

Form 990-	EZ (2011)							Page 4
							Yes	No
	he organization engage, directly			n behalf of or ı	n opposition to			
cand	idates for public office? If "Yes,"	complete Schedule C, P	art I			46		No
Part VI	Section 501(c)(3) organal All section 501(c)(3) organal 47-49b and 52.			_			_	stions
	Check if the organization used	d Schedule O to respond	to any question in thi	s Part VI .				. Γ
							Yes	No
	he organization engage in lobbyir es," complete Schedule C, Part I		ection 501(h) election	ı ın effect durır	g the tax year?	47		
48 Is the	e organization a school described	d in section 170(b)(1)(A	.)(u)? If "Yes " complet	te Schedule F		48		
	he organization make any transfe					49a		
				124110117		49b		
b If "Ye	es," was the related organization	a section 527 organizat	tion?			490		
	plete this table for the organization of the contraction of the contract of the contract in th		. ,		, ,		,	
		(b) Title and average			tributions to		e) Expe	nse
	and address of each employee Id more than \$100,000	hours per week	(c) Compensation	n employee	benefit plans &	a	count	and
		devoted to position		deterred	compensation	otne	erallowa	ances
NONE								
f Tot	al number of other employees pa				_			
of co	plete this table for the organization mpensation from the organization ame and address of each indepe	n If there is none, enter	"None "		each received r		an \$10 Compen	•
NONE								
	al number of other independent c				7/- \/1 \			
	d the organization complete Sche st attach a completed Schedule				/(a)(1) nonexer		es [
Under nenal	ties of perjury, I declare that I have	e evenined this return in	cluding accompanying	chedules and s	tatements and to	the he	et of my	•
	and belief, it is true, correct, and co							
	*****				12.01.21			
Sign	Signature of officer				013-01-31 ate			
Here	STEPHANIE WINTERS Executive Direc							
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·						
.	Preparer's Lunda Maclay CPA Date Check if Preparer's taxpays (See instructions)						ification i	number
Paid Proporor's	employed •			employed 🕨 🦵				
Preparer's Use Only	ıf self-employed),							
COC Only	address, and ZIP + 4 143 Barre Street					802) 223-6261		
	Montpelier,							-
May the IR	S discuss this return with the pre	eparer shown above? Se	e instructions		<u> • • </u>	Y	es l	No

DLN: 93492032001113

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization AMER ACADEMY OF PEDIATRICS - VT CHAPTER

Employer identification number

03-0316774

Identifier Return Reference		Explanation					
Form 990-EZ, General Explanation 1	FORM 990EZ - PART 1 - GRANTS	S Royalton School223 South Windsor StS Royalton, VT 05068\$4,000Seminar & flood damage repairBethel Elementary School273 Pleasant St Bethel, VT 05032\$3,880Replace ball fields lost in stormRockhester School222 S Main StreetRochester, VT 05767\$4,920Storm damageTown of Wilmington2 3 main StWilmington, VT 05363\$1,000Replace playground lost in stormRainbow Playschool27 Maple St Woodstock, VT 05091\$4,000Develop outdoor play areaGreven Field Restoration Project\$5,000Playground/picnic area restorationDeerfield Valley Elementary School360 Route 100 NWilmington, VT 05363\$1,000Replace playground lost in stormThe Arts Bus67 Main StreetRandolph, VT 05060\$4,000storm damageHunger Mountain Children's Center123 S Main StreetWaterbury, VT 05676 \$4,000Relocation after tropical storm Irene					
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	ACCRUED PAYROLL AND TAXES - Beginning \$568 ACCRUED PAYROLL AND TAXES - Ending \$0					
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$50272 Deferred Revenue - Ending \$49839					
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$171 Accounts Payable and Accrued Expenses - Ending \$32743					
Form 990-EZ, Part II, Line 24 1006	Other Assets 1006	Pledges and Grants Receivable - Beginning \$0 Pledges and Grants Receivable - Ending \$101324					
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	INSURANCE \$450					
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	DIRECTOR/OFFICER EXP\$750					
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	DUES AND SUBSCRIPTIONS \$1083					
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	w ebsite expense \$1360					
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	CONFERENCE CALLS/TELEPHONE \$1445					
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	COMMUNICATIONS \$2400					
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MISCELLANEOUS \$4622					
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$40849					
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$33139					
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$2825					

Software ID: 11000144
Software Version: 2011v1.5

EIN: 03-0316774

Name: AMER ACADEMY OF PEDIATRICS - VT CHAPTER

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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
KARYN PATNO 131 MAIN STREET MONTPELEIR,VT 05602	Director 0	0		
STEPHANIE WINTERS 131 MAIN STREET MONTPELIER,VT 05601	Executive Direc 5 00	0		
KELLI LUND 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
VALERIE ROONEY 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
MARK HARRIS 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
JOSEPH NASCA 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
JEANNE GREENBLATT 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
LAURA MURPHY 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
MICHAEL KILCULLEN 131 MAIN STREET MONTPELIER,VT 05601	Sec/Treas 1 00	0		
BETH JILLSON 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
BREENA HOLMES 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
JERRY LARABEE 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
BARBARA FRANKOWSKI 131 MAIN STREET MONTPELIER,VT 05601	Vice President 1 00	0		
MONICA FIORENZA 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
WENDY DAVIS 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		

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

(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 ot her allowances
KRISTEN CONNOLLY 131 MAIN STREET MONTPELIER,VT 05601	Director 0	0		
LOUIS DINICOLA 131 MAIN STREET MONTPELIER,VT 05601	President 3 00	0		
KIM AAKRE 131 MAIN STREET MONTPELIER, VT 05601	Immed Past Pres 3 00	8,625		