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

F Group Exemption
Number

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions 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 O)		24	101,324
25	Total assets	80,517	25	115,969
26	Total liabilities (describe in Schedule O)	51,011	26	82,582
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,506	27	33,387

Part III

Statement of Program Service Accomplishments

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 HEALTH FOR VT CHILDREN

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

provide pediatric related program services
(Grants \$) If this amount includes foreign grants, check here ☐

28a

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

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

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(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
See Additional Data Table				

Part V

Other Information (Note the 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	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)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
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	No
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	No
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	No
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	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, 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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	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 ▶ (802) 223-7898 131 MAIN STREET Located at ▶ MONTPELIER, VT ZIP + 4 ▶ 05601		
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	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of 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 Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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 Form 990-EZ (see instructions)	45b	No

		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		No

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.

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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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		Date	
	STEPHANIE WINTERS Executive Direc			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Montpelier, VT 05602			Phone no (802) 223-6261

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

Yes No

2011

Open to Public Inspection

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.

Name of the organization AMER ACADEMY OF PEDIATRICS - VT CHAPTER	Employer identification number 03-0316774
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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 damageTow n 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

Additional Data

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 other 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		