

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMER ACADEMY OF PEDIATRICS - VT CHAPTER

Number and street (or P O box, if mail is not delivered to street address) Room/suite
C/O VT MEDICAL SOCIETY PO BOX 1457

City or town, state or province, country, and ZIP or foreign postal code
MONTPELIER, VT 05601

D Employer identification number
03-0316774

E Telephone number
(802) 223-7898

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: ▶ www.aapvt.org

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. ▶ \$ 185,029

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 ☒					
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	182,611
	2	Program service revenue including government fees and contracts		2	2,033
	3	Membership dues and assessments		3	
	4	Investment income		4	385
	5a	Gross amount from sale of assets other than inventory	5a		5c
	b	Less cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events			6d
	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	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b	0		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	185,029	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	9,840
	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	104,999
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	93,956
17	Total expenses. Add lines 10 through 16		17	208,795	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-23,766
	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	54,553
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-3,588
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	27,199

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	175,432	22 127,075
23 Land and buildings		23
24 Other assets (describe in Schedule O)	31,554	24 40,011
25 Total assets	206,986	25 167,086
26 Total liabilities (describe in Schedule O)	152,433	26 139,887
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,553	27 27,199

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 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

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

29

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐ ☐

31 Other program services (describe in Schedule O)

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐ ☐

33 Total noncurrent resources (add lines 28a through 31a)

32 Total program service expenses (add lines 28a through 31a)	32
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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 ☐

[illegible]

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		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)		No
35a	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)?		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		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		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		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?		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?		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), 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	40b	
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 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Located at ▶ PO BOX 1457 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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?		No
	If "Yes," enter the name of the foreign country ▶	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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	46	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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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
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 business address of each independent contractor	(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 must attach a completed Schedule A	Yes	No
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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		2017-02-13 Date			
	STEPHANIE WINTERS Executive Direc Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Linda Maclay CPA	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00202328	
	Firm's name ► Fothergill Segale & Valley CPAs			Firm's EIN ►		
	Firm's address ► 143 Barre Street Montpelier, VT 05602			Phone no (802) 223-6261		
May the IRS discuss this return with the preparer shown above? See instructions					Yes	No

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 03-0316774

Name: AMER ACADEMY OF PEDIATRICS - VT CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)

28 provide pediatric related program services

(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

9,840

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

(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
KIM AAKRE Director	0	0		
LOUIS DINICOLA Director	0	0		
KRISTEN CONNOLLY Director	0	0		
WENDY DAVIS Director	0	0		
MONICA FIORENZA Director	0	0		
BARBARA FRANKOWSKI Vice President	1 00	0		
JERRY LARABEE Director	0	0		
LEWIS FIRST Director	0	0		
BREENA HOLMES Director	0	0		
BETH JILLSON Director	0	0		
MICHAEL KILCULLEN Sec/Treas	1 00	0		
LAURA MURPHY Director	0	0		
STEPHEN CONTOMPASIS Director	0	0		
REBECCA BELL Director	0	0		
THOMAS BOLDUC Director	0	0		

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

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VALERIE ROONEY Director	0	0		
ERICA GIBSON Director	0	0		
ASHLEY MILLER Director	0	0		
JILL RINEHART President	3 00	0		
STEPHANIE WINTERS Executive Direc	5 00	0		
KARYN PATNO Director	0	0		
KEITH ROBINSON Director	0	0		
STANLEY WEINBERGER Director	0	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 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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
AMER ACADEMY OF PEDIATRICS - VT CHAPTER**Employer identification number**

03-0316774

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2500
Other Expenses 1002	Office Expenses \$3397

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$707
Other Expenses 1007	Conferences, Conventions, and Meetings \$3864

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$4150
Other Expenses 1	SUPPLIES \$59160

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	COMMUNICATIONS \$12016
Other Expenses 3	MISCELLANEOUS \$5243

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CONFERENCE CALLS/TELEPHONE \$1426
Other Expenses 5	DIRECTOR/OFFICER EXP \$750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	w ebsite expense \$743
Other Assets 1006	Pledges and Grants Receivable - Beginning \$31554 Pledges and Grants Receivable - Ending \$40011

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$123452 Accounts Payable and Accrued Expenses - Ending \$93809
Total Liabilities 1003	Deferred Revenue - Beginning \$28981 Deferred Revenue - Ending \$46078

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX LINE 11G - FEES FOR SERVICES - OTHER	ASSISTANCE FROM MEDICAL PROFESSIONALS