## 990-EZ

y partment of the Treasury

HTA

## 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public Inspection

<u></u>	Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.								
A	For the 2017 calendar year, or tax year beginning , and ending								
<b>B</b>						D Employer ider	tification number		
	Address	s change NH Chapter of the American Academy of Pediatrics				ł			
3 C	] Name o	change	Number and street (or PO box, if mail is not of		Room/suite	02-0	0459582		
ء الــــــــــــــــــــــــــــــــــــ	Initial re	eturn	7 North State Street			E Telephone num			
╸┌	Final return/terminated		City or town	State	ZIP code	i			
₽  =	Amende	ed return	Concord	NH	03301	(603)	224-1909		
⇃⊣	╡	tion pending		an province/state/county	Foreign postal code /	F Group Exem			
5	7	parramig	, orange cooking name	g., p. a vloor and to root inty	16	Number ▶	<b>-</b>		
<u> </u>			X Cash Accrual Other (s	<del></del>					
ณี G		nting Method		the organization is					
夏山	Websi	te: ► <u>www</u> n		<del></del>	<del></del>		attach Schedule B		
<b>翌</b> 」	Tax-exe	mpt status (che	k only one) —	) ( 6 ) <b>⋖</b> (insert no )	4947(a)(1) or 527	(Form 990, 990-	EZ, or 990-PF)		
%K	Form of	f organization.	X Corporation Trus	st Association	Other				
20.		_	<u> </u>						
U) L			7b to line 9 to determine gross receipts.						
			low) are \$500,000 or more, file Form 99			<u> ▶\$</u>	43,900		
نا	art I		, Expenses, and Changes in I						
_		Check if	the organization used Schedule	O to respond to any o	question in this Part	<u></u>	<u>X</u>		
	1	Contribution	s, gifts, grants, and similar amounts	received		. 1	24,000		
	2	Program se	vice revenue including government	fees and contracts		. 2			
	3	Membershij	dues and assessments			. 3	19,900		
	4	Investment	ncome			. 4			
	5a	Gross amou	nt from sale of assets other than inv	entory	5a				
	b	Less: cost of	r other basis and sales expenses						
	С	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6	Gaming and	fundraising events						
_	a	Gross incor	e from gaming (attach Schedule Gi						
Revenue	.}	\$15,000)							
Ver	b								
ě	.}								
	1	sum of such	gross income and contributions exc						
	C	Less direct	expenses from gaming and fundrais						
	d	Net income	or (loss) from gaming and fundraisin						
	1	line 6c)		6d	0				
	7a	Gross sales	of inventory, less returns and allowa	inces	7a				
	b	Less: cost of	goods sold		7b				
	С	Gross profit	or (loss) from sales of inventory (Su	7c	0				
	8	Other rever	venue (describe in Schedule O)						
	9_		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a		· PRACO.	9	43,900		
	10	Grants and	similar amounts paid (list in Schedul	eO)	RECEIVE	10	22,497		
	11	· ·	d to or for members	· · · · · · · · · · · · · · · · · · ·	0010	O 11 0 12			
Expenses	12	Salaries, ot	ther compensation, and employee benefits all fees and other payments to independent contractors  where the compensation is a contractor of the contractor of				<del></del>		
	13		fees and other payments to indepe	13	9,548				
	14								
			lications, postage, and shipping	15					
	16		ses (describe in Schedule O) .	16	5,702				
	17		ses. Add lines 10 through 16	<u> </u>		. ► 17	37,747		
9	18		eficit) for the year (Subtract line 17	from line 9)		. 18	6,153		
se	19		r fund balances at beginning of yea	•	A)) (must agree with	<u> </u>			
Net Assets		-	figure reported on prior year's returr			. 19	84,826		
	20	Other chang	es in net assets or fund balances (e	xplain in Schedule O) .		. 20			
Z	21	Net assets	r fund balances at end of year Com	ibine lines 18 through 20	<u></u>	. ▶ 21	90,979		
E	r Panar	work Poduct	on Act Notice, see the separate instr	uetions			Form 990-F7 (2017)		

Land and buildings 24 Other assets (describe in Schedule O) 24 Total assets (describe in Schedule O) 25 Total assets . 84,826 25 90,0 26 Total liabilities (describe in Schedule O) 26 Total liabilities (describe in Schedule O) 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 84,826 27 90,0 27 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 Statement of 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 Promote the health & welfare of the infants, children & adolescents in NH. To unite physicians delivering this care in a representative organization. To further the policies and objectives of the American Academy of Pediatrics (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  29 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  29 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  29 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  29 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  20 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  20 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  20 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  20 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  21 Total program service expenses, (add lines 28a through 31a) 2 37.  21 Total program service expenses, (add lines 28a through 31a) 2 37.  22 (Grants \$ ) If this amount includes foreign grants, check here 29a 37.  23 Total program service expenses, (add lines 28a through 31a) 2 (G) Reportable (G) R	_	990-EZ (2017) NH Chapter of the American				2-040	9582	Page <b>2</b>
(A) Bagnings and investments	<u>Part</u>	Balance Sheets. (see the instructions fo	r Part II)					
22   Cash, savings, and missterners    84,826   22   90.		Check if the organization used Schedule O to i	espond to any question in	this Part II				· · · <u>L</u>
22   Cash, savings, and myesthemis   84,826   22   90.     23   Land and buildings   24   24     24   25   Total assets (describe in Schedule O)   26     25   Total assets   25   701   26     27   Net assets of fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     28   Total passets   27   90.     29   Text seases for fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     27   Net assets of fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     28   Text seases for fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     29   Text seases for fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     20   Text seases for fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     20   Text seases for fund balances (line 27 of column (8) must agree with line 21)   84,825   27   90.     21   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     22   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     23   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     24   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     25   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     26   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     25   Text seases for fund balances (line 27 of column (8) must agree with line 21)   90.     26   Text seases for fund balances (line 27 of column (8) must agree (line 28 of line 18 of line 28 of					(A) Beginning o	f year		(B) End of year
23   According to the Common	22	Cash, savings, and investments				<del></del> -	22	90,979
24   All Poter assets (describe in Schedule O)   28   34,825   25   30,000   27   28   Total assets   34,825   25   30,000   32   28   70   30   30   30   30   30   30   30			• • • • •		<del></del>	.,,		
25 Total assets   90.2   26 Total labulities (describe in Schedule O)   28   26   90.2   27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   94,828   27   90.2   97   97   97   97   97   97   97   9		•						
28   Total liabilities (describe in Schedule Q)   27   34,825   27   30,					8	4 826		90,979
27 Nat assets or fund balances (line 27 of column (8) must agree with line 21)   84,826   27   90,						7,020	-	00,010
Class   Statement of Program Service Accomplishments (see the instructions for Part III)   Check the organization used Schedule Or respond to any question in this Part III   Check if the organization's primary exempt purpose?   Promote & encourage high standards in pediatrics   Promote the services provided, the number of persons benefited, and other relevant information for each program title   Promote the health & welfare of the infants, buffere & adolescents in NH To   United Physicians delivering this same in a regressentative organization for further the pelicies and objectives of the Amendan Academy of Pediatrics (Grants S ) if this amount includes foreign grants, check here   P   28a   37.					ļ	4 826		90,979
Check if the organization used Schedule O to respond to any question in this Part III					1	7,020	2:-	
What is the organization's primary exempt purpose? Promote & encourage high standards in pediatrics Describe the driganization's program service accomplishments for each of its three largest program services, sometiment of season and services are measured by expenses. In a clear and concise amenine, describe the services provided, the number of persons benefited, and other relevant Information for each program title.  2 Promote the health & welland of the infants, british and services of the Amenine of the Infants, british and the policies and objectives of the Amenine Academy of Pediatines (Grants \$ ) if this amount includes foreign grants, check here	Га	<del></del>	•	•				Europea
what is the Organization's pringray exemple purpose? "Promote & encourage high standards in pediatrics" on processing the organization's program service accomplishments for each of its time largest program services (persons benefited, and other relevant information for each program title  28. Promote the health & welfare of the infants, children & adolescents in NH. To juntle physicians delivering his care in a representative organization. To further the policies and objectives of the American Academy of Pediatrics.  (Grants \$ ) If this amount includes foreign grants, check here		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>	/Pan	•
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 representative was a concern to the policies of the manual physicians delivering this care in a regressentative organization. To further the policies and objectives of the American Academy of Pediatrics.  (Grants \$ ) if this amount includes foreign grants, check here							, ,	
as measured by expenses, in a clear and concise maner, described me services provided, the number of persons benefited, and other relevant information for each program title  28 Promote the health & welfare of the mfants, children & adolescents in NH To unite physicians delivering this care in a representative organization To further the policies and objectives of the American Academy of Pediatrics (Grants \$ ) If this amount includes foreign grants, check here  28a 37,  29  (Grants \$ ) If this amount includes foreign grants, check here  29a  30a  (Grants \$ ) If this amount includes foreign grants, check here  30a  30								
28 Promote the health & welfare of the infants, children & adolescents in NH. To unite physicians delivering this care in a representative organization. To further the policies and objectives of the American Academy of Pediatros (Granis \$ ) If this amount includes foreign grants, check here   29a	as m	neasured by expenses. In a clear and concise mann	er, describe the services	provided, the num	nber of		Tor o	mers )
unite physicians delivering this care in a representative organization. To further the policies and objectives of the American Academy of Pediatrics.  (Grants \$ ) If this amount includes foreign grants, check here	<u>ers</u>	ons benefited, and other relevant information for ea	ch program title					
further the policies and objectives of the American Academy of Pediatrics.  (Grants \$ ) If this amount includes foreign grants, check here	28	Promote the health & welfare of the infants, childre	n & adolescents in NH To					
(Grants \$ ) If this amount includes foreign grants, check here		unite physicians delivering this care in a representa	tive organization To					
(Grants \$ ) If this amount includes foreign grants, check here		further the policies and objectives of the American	Academy of Pediatrics				}	
(Grants \$ ) If this amount includes foreign grants, check here	-	(Grants \$ ) If this amoun	nt includes foreign grants.	check here .	. •		282	37,747
(Grants \$ ) If this amount includes foreign grants, check here	-	<del></del>	<del></del>	<del></del>			200	0.,
Grants \$   If this amount includes foreign grants, check here								
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(Grants \$ ) If this amount includes foreign grants, check here			<del></del>		<u> </u>		29a	<del>                                     </del>
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	30	****					{	Į.
31 Other program services (describe in Schedule O)  Grants \$ ) If this amount includes foreign grants, check here	-				<del></del>			
31 Other program services (describe in Schedule O)  Grants \$ ) If this amount includes foreign grants, check here	-							
Grants	_		nt includes foreign grants,	check here	<u> ▶</u>		30a	
Total program service expenses. (add lines 28a through 31a)	31	Other program services (describe in Schedule O).		•	•		İ	
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   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization in thi		(Grants \$ ) If this amount	nt includes foreign grants,	check here .	▶		31a	
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   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization in thi	32	Total program service expenses, (add lines 28a t	hrough 31a)			•	32	37,747
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 of evoted to position.  (a) Name and title  (b) Average hours per week of evoted to position.  (c) Reportable compensation (Forms W-2/1099-MISC) (find paid, enter -0-)  (d) Health benefits.  contributions to empkyee benefit plans, and deferred compensation.  (e) Estimated amount other compensation.  (b) Average hours per week of evoted to position.  (find paid, enter -0-)  (g) Health benefits.  contributions to empkyee benefit plans, and deferred compensation.  (e) Estimated amount other compensation.  (e) Estimated amount of the compensation.  (find paid, enter -0-)  (g) Health benefits.  contributions to empkyee benefit plans, and deferred compensation.  (e) Estimated amount other compensation.  (find paid, enter -0-)  (g) Health benefits.  contributions to empkyee benefit plans, and deferred compensation.  (e) Estimated amount other compensation.  (find paid, enter -0-)  (g) Health benefits.  contributions to empkyee benefit plans, and deferred compensation.  (e) Estimated amount of the compensation.  (e) Estimated amount of the compensation.  (find paid, enter -0-)  (find paid, enter -0-)  (g) Health benefits.  (n) Healt				one even if not con	npensated—see t	he inst	ruction	
(a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee benefit plans, and deterred compensation  (e) Estimated amount other compensation  (b) Average hours per week devoted to position  (c) Reportable contributions to employee benefits, contributions to employee benefits, and deterred compensation  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable contributions to employee contributions to employee benefits, and deterred compensation  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable contributions to employee contributions to employee employee and other compensation  (a) Health benefits, contributions to employee ployee employee employee employee employee employee employee emp					.,,			· · · · · · · · · · · · · · · · · · ·
(a) Name and title  (b) Average hours per week devoted to position  (compassion (Forms W-2/1099-MISC) (contributions to employee benefit plans, and deferred compensation  entitle president  Hr/WK 2 00  President  Hr/WK 2 00  William Storo,MD  Secretary  Hr/WK 2 00  Secretary  Hr/WK 2 00  Treasurer  Catrina Watson  Exec Director  Hr/WK 1 0 00  Keeth Loud, MD  Member  Hr/WK 1 00			1		ie I (8.11.			· · · · L
(a) Name and title    Nours per Week   Gevice of the position   Comms W-2/1099-MISC   Grams W-2/1099-MISC   Gr								(e) Estimated amount of
Steve Chapman, MD		(a) Name and title		1 '	,			other compensation
President         Hr/WK         2 00           Erik Shessler,MD         Vice President         Hr/WK         2 00           William Storo,MD         Secretary         Secretary         Secretary           Tessa LaFortune-Greenberg, MD         Treasurer         Hr/WK         2 00           Catrina Watson         Exec Director         Hr/WK         10 00           Keith Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Kevin Petit, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Member         Hr/WK         1 00           Herror         Hr/WK         Hr/WK				(If not paid, ente	er -0-) and deferre	i compen	sation I	
Erik Shessler,MD         Hr/WK         2 00           William Storo,MD         Secretary         Hr/WK         2 00           Tessa LaFortune-Greenberg, MD         Treasurer         Hr/WK         2 00           Catrina Watson         Exec Director         Hr/WK         10 00           Keth Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 .00           Kevin Petit, MD         Hr/WK         1 .00           Member         Hr/WK         1 .00           Ashley Lamb, MD         Hr/WK         1 .00           Member         Hr/WK         1 .00           Hr/WK         Hr/WK         1 .00	Stev		1					
Vice President         Hr/WK         2 00           William Storo,MD         Secretary         Hr/WK         2 00           Tessa LaFortune-Greenberg, MD         Treasurer         Hr/WK         2 00           Catrina Watson         Exec Director         Hr/WK         10 00           Keith Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 .00           Kevin Petit, MD         Hr/WK         1 .00           Member         Hr/WK         1 .00           Ashley Lamb, MD         Hr/WK         1 .00           Member         Hr/WK         1 .00	Droo	e Chapman, MD						
William Storo, MD         Hr/WK         2 00           Secretary         Hr/WK         2 00           Tessa LaFortune-Greenberg, MD         Hr/WK         2 00           Catrina Watson         Exec Director         Hr/WK         10 00           Keith Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Kevin Petit, MD         Hr/WK         1 00           Ashley Lamb, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Hr/WK         Hr/WK         1 Hr/WK	162		Hr/WK 20	0				
William Storo, MD Secretary		ident	Hr/WK 20	0				
Hr/WK   2 00	Erik	ident Shessler,MD		1				
Tessa LaFortune-Greenberg, MD Treasurer	Erık Vıce	ident Shessler,MD President		1				
Treasurer	Erik Vice Willia	oldent Shessler,MD President am Storo,MD	Hr/WK 20	00				
Catrina Watson         Hr/WK         10 00           Keith Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Kevin Petit, MD         Hr/WK         1.00           Ashley Lamb, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Hr/WK         Hr/WK         Hr/WK	Erik Vice Willia Secr	oldent Shessler,MD President am Storo,MD retary	Hr/WK 20	00				
Exec Director         Hr/WK         10 00           Keith Loud, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Kevin Petit, MD         Hr/WK         1 00           Ashley Lamb, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Hr/WK         Hr/WK	Erik Vice Willia Secr Tess	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD	Hr/WK 2 (	00				
Keith Loud, MD       Member     Hr/WK     1 00       Kevin Petit, MD       Member     Hr/WK     1.00       Ashley Lamb, MD       Member     Hr/WK     1 00       Hr/WK     Hr/WK	Erik Vice Willia Secr Tess Trea	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer	Hr/WK 2 (	00				
Member         Hr/WK         1 00           Kevin Petit, MD         Hr/WK         1.00           Ashley Lamb, MD         Hr/WK         1 00           Member         Hr/WK         1 00           Hr/WK         Hr/WK	Erik Vice Willia Secr Tess Trea Catri	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD ssurer ina Watson	Hr/WK 2 (	00				
Kevin Petit, MD  Member	Erik Vice Willia Secr Tess Trea Catri Exec	sident Shessler,MD President am Storo,MD retary ia LaFortune-Greenberg, MD isurer ina Watson c Director	Hr/WK 2 (	00				
Member         Hr/WK         1.00           Ashley Lamb, MD         Hr/WK         1 00           Hr/WK         Hr/WK	Erik Vice Willia Secr Tess Trea Catri Exec Keith	Shessler,MD President am Storo,MD retary a LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD	Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 100	00				
Ashley Lamb, MD  Member	Erik Vice Willia Secr Tess Trea Catri Exec Keith	sident Shessler,MD President am Storo,MD retary a LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber	Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 100	00				
Member	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD	Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 100	00				
Member	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem	sident Shessler,MD President am Storo,MD retary a LaFortune-Greenberg, MD surer ina Watson b Director c Director n Loud, MD aber n Petit, MD	Hr/WK 2 (1) Hr/WK 2 (1) Hr/WK 10 (1) Hr/WK 1 (1)	00				
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Hr/WK	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevin Mem Ashli	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 2 (1) Hr/WK 2 (1) Hr/WK 10 (1) Hr/WK 1.0 Hr/WK 1.0	00				
Hr/WK	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem Ashli	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 2 (1) Hr/WK 2 (1) Hr/WK 10 (1) Hr/WK 1.0 Hr/WK 1.0	00				
	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem Ashli	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 2 (1)  Hr/WK 2 (1)  Hr/WK 10 (1)  Hr/WK 1.0  Hr/WK 1.0  Hr/WK 1.0	00				
	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem Ashli	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 2 (1)  Hr/WK 2 (1)  Hr/WK 10 (1)  Hr/WK 1.0  Hr/WK 1.0  Hr/WK 1.0	00				
Hr/WK	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 20  Hr/WK 20  Hr/WK 100  Hr/WK 100  Hr/WK 1.0  Hr/WK 1.0  Hr/WK 1.0	00				
l Hr/WK	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 20  Hr/WK 20  Hr/WK 100  Hr/WK 100  Hr/WK 1.0  Hr/WK 1.0  Hr/WK 1.0	00				
Form 990-EZ (	Erik Vice Willia Secr Tess Trea Catri Exec Keith Mem Kevii Mem Ashli	sident Shessler,MD President am Storo,MD retary sa LaFortune-Greenberg, MD surer ina Watson c Director n Loud, MD nber n Petit, MD nber ey Lamb, MD	Hr/WK 20  Hr/WK 20  Hr/WK 100  Hr/WK 100  Hr/WK 1.0  Hr/WK 1.0  Hr/WK 1.0	00				

Form **990-EZ** (2017)

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 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 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 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . 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, 35c reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . 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 . **37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions. **b** Did the organization file **Form 1120-POL** for this year? 37b . . . . 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? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9. 39a **b** Gross receipts, included on line 9, for public use of club facilities 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 ▶ 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 40b that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 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 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 (603) 224-1909 Telephone no. ▶ Located at ► 7 North State Street City Concord ST NH ZIP + 4 ▶ 03301 Yes No **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over 42b 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) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country 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 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 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O . . . 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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

Form 9	90-EZ (2017)	IH Chapter of the Americ	can Academy of Pediatrics			02-045 <u>95</u>	82	Page 4	
					<del></del>		Yes	No	
46	-	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition							
		office? If "Yes," complete		<u> </u>	_ <del></del>	46		X	
Part	All section 5010 50 and 51.	. , , ,	<b>nly</b> nust answer questions 4 dule O to respond to an	·		s for line	es 	Γ-	
				9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			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.					163	110	
48	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				. 48				
49 a	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 re	eceived more than \$100	,000 of compensation from	the organization If th	ere is none, enter "No	ne."		_	
	(a) Name and title of e	ach 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) Estima	ated am ompens		
Name	None								
Title			Hr/WK 00						
Name					i				
Title			Hr/WK 00						
Name			  -						
<u>T</u> ıtle		<del></del> _	Hr/WK .00					_	
Name Title			Hr/WK .00						
Name									
Title			Hr/WK .00						
51 	Complete this table for t \$100,000 of compensa		ghest compensated independent of there is none, enter "N		<u> </u>	than Compensa	ation		
	(a) Name and busin	less address of each independ	ent contractor	(b) Type of Servi	(6				
Name	None	Str	·						
City	<del></del>	ST	ZIP			<u> </u>			
Name	· · · · · · · · · · · · · · · · · · ·	Str							
City		ST	ZIP						
Name		Str							
City		<u>ST</u>	ZIP		<del></del>				
Name		Str	710						
City	<del></del>	ST	ZIP		<del></del>			_	
Name		Str	ZiP						
<u>City</u> <b>d</b>	Total number of other in	STST	each receiving over \$100,0	00					
52		•	te: All section 501(c)(3) org		n a 	► Y	es 🔯	No	
			ncluding accompanying schedules ) is based on all information of whice			lief, it is			
	A A	h ( )	7 15 54364 ON AN INIOMINATOR OF WINC	or preparer rias any knowled	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\overline{\nabla}$			
Sign Here	· Lat	rina li	)atsm		Date				
	Print/Type or print in	name and title	Preparer's signature	A Date	<del></del>	PTIN			
Paid	Fric Rowley	ei s name	um Za	11	Check Check self-employed	If	31700		
	parer Firm's name	Firm's name Rowley & Associates, PC Firm's name Volume Rowley & Associates, PC							
use	Only Firm's address	Firm's address > 46 N. State Street, Concord, NH 03301					540 <u>0</u>		
May t	he IRS discuss this retur	n with the preparer show	vn above? See instructions	·		► X Y		No	

## **SCHEDULE O** (Form 990 or 990-EZ)

## 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 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

OMB No 1545-0047

Open to Public

NH Chapter of the American Academy of Pediatrics 02-0459582 Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee: University of New Hampshire 51 College Rd, Room 109 Durham NH 03824, Cash Grant. 10,000, Relationship: Form 990-EZ, Part I, Line 10, Grants Paid Activity., Grantee Boyle Commulty Pediatrics One Medical Center Dr Lebanon NH 03756, Cash Grant: 7,500, Relationship. Form 990-EZ, Part I, Line 16, Other Expenses Travel: 56 Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 810 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 204 Form 990-EZ, Part I, Line 16, Other Expenses Awards. 68 Form 990-EZ, Part I, Line 16, Other Expenses Other expenses 708 Form 990-EZ, Part I, Line 16, Other Expenses Web site 160 Form 990-EZ, Part I, Line 16, Other Expenses. Sponsorship 1,440 Form 990-EZ, Part I, Line 16, Other Expenses Bank service charges 22 Form 990-EZ, Part I, Line 16, Other Expenses. Gifts 506 Form 990-EZ, Part I, Line 16, Other Expenses: Strategic Planning 1,478 Form 990-EZ, Part I, Line 16, Other Expenses Student award 250

Name of the organization	Page Z
	Employer identification number
NH Chapter of the American Academy of Pediatrics	02-0459582
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