

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ**

# **Short Form**

Return of Organization Exempt From Income Tax
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

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

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning , 2011, and ending	<u> </u>
B Check if applicable C	D Employer identification number
Address change AIKIDO OF CHAMPLAIN VALLEY, INC.	030356725
Name change 257 PINE STREET	E Telephone number
Initial return BURLINGTON, VT 05401	802-951-8900
Terminated	802 931 8900
Amended return	F Group Exemption
Application pending	Number . ►
	H Check ► X if the organization is <b>not</b>
Website: ► WWW.AIKIDOVT.ORG	required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (ck only one) — X 501(c)(3)   501(c) ( ) ◀(insert no.)   4947(a)(1) or   527	
K Check Lift the organization is not a section 509(a)(3) supporting organization or a section 5	27 organization and its gross receipts are
normally <b>not</b> more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form instructions). But if the organization chooses to file a return, be sure to file a complete return.	990-N (e-postcard) may be required (see
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990.	more, or if total 990-EZ ►\$ 102,468.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	
	· 🚍
Check if the organization used Schedule O to respond to any question in this Part I	<u>X</u>
1 Contributions, gifts, grants, and similar amounts received	1 10,954.
2 Program service revenue including government fees and contracts	2 91,514.
3 Membership dues and assessments	. 3
4 Investment income	4
5a Gross amount from sale of assets other than inventory . 5a	
<b>b</b> Less: cost or other basis and sales expenses	
c Gaming and fundraising events  6 Gaming and fundraising events	5 c
6 Gaming and fundraising events	.`, *
a Gross income from gaming (attach Schedule G if greater than \$15,000)  6a	(%)
	tions
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	
of such gross income and contributions exceeds:\$15,000)/@6b	
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.  b Less cost of goods sold.	
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 7a	
b Less cost of goods sold	
c Gross profit or (loss) from sales of inventory-(Subtract line 7b from line 7a)	. 7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 102,468.
10 Grants and similar amounts paid (list in Schedule O)	10
the same and a meaning part (not an extra constant)	
11 Benefits paid to or for members	11 24 300
Table 12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors	12 34,398.
Professional fees and other payments to independent contractors	13 6,659.
14 Occupancy, rent, utilities, and maintenance	14 46,563.
	15
16 Other expenses (describe in Schedule O)	
17 Total expenses. Add lines 10 through 16	<u>▶ 17 120,147.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -17,679.
19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree wi	th end-of-year
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wing figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)	113, <u>309</u> .
T E 20 Other changes in net assets or fund balances (explain in Schedule O)	20
S 21 Net assets or fund balances at end of year Combine lines 18 through 20	<b>►</b> 21 95,630.
BAA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2011)

Par	til Balance Sheets. (see the inst Check if the organization used Sche	ructions for Part II.)	estion in this Part II			X
	Officer if the organization assures cons	date o to respond to dify qu		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22,335.		9,405.
23	Land and buildings .			84,397.		81,826.
24	Other assets (describe in Schedule O)	SEE SCHEDULE	ΕΟ . [	9,209.		6,423.
25	Total assets			115,941.		97,654.
26	Total liabilities (describe in Schedule O).	SEE SCHEDULE	Σ Ο	2,632.		2,024.
27	Net assets or fund balances (line 27 of c	column (B) must agree with	line 21)	113,309	. 27	95,630.
Par	t III Statement of Program Serv	ice Accomplishments	(see the instrs for Pa	rt III.)	/Dog	Expenses urred for section
	Check if the organization used Sch	nedule O to respond to any o	question in this Part I		501(c	c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? SEE cribe the organization's program service ac sured by expenses. In a clear and concise crited, and other relevant information for e	SCHEDULE O	ts three largest prog	ram services, as	orgai	nizations and section
mea	sured by expenses. In a clear and concise	manner, describe the service	ces provided, the nur	mber of persons	4947 for o	(a)(1) trusts, optional thers.)
pene	RUNNING CLASSES FOR ADULT	ach program title.	THE STIIDY OF	ATKIDO AND		
28	CONFLICT RESOLUTION.	2 WIND CHILDNEN IN	TUE 21001 OF	TIME THE		
	CONFLICT RESOLUTION.	<del></del>				
	(Grants \$ ) If thi	s amount includes foreign di	rants check here		28 a	92,497.
29						
		<b></b>				
	(Grants \$ ) If the	s amount includes foreign g	rants, check here	<u></u> <u>-</u>	29 a	
30						
		s amount includes foreign g	rants, check here	• •   _	30 a	<u> </u>
31	Other program services (describe in Sch		•• ••	· <b>.</b>	•	
		s amount includes foreign g	rants, check here		31 a	92,497.
	Total program service expenses (add In	nes 28a through 31a)	November 1	a compared to the compared to	32 (see th	
Par	t IV List of Officers, Directors, 7 Check if the organization used Sc				(See u	ie ilisu dedictions for 1 art 14
	Check if the organization used 50	(b) Title and average	(c) Reportable compensat	ion (d) Health benefit	s,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to emp		other compensation
		•		benefit plans, and deferred compensation		
SEE	SCHEDULE_O					
	]					
			16,27	2. 13,4	<u>88.</u>	0.
	<b></b>					
	<b></b>					
				<del></del>		
		<del></del>	<del> </del>	_		<del> </del>
						<u> </u>
BAA	<u> </u>	TEEA0812L	02/14/12			Form <b>990-EZ</b> (2011)

Form 990-EZ (2011) AIKIDO OF CHAMPLAIN VALLEY, INC.

030356725

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Form	990-EZ (2011) AIKIDO OF CHAMPLAIN VALLEY, INC.	03035672	25	P	age <b>3</b>
Par	t V Other Information (Note the Schedule A and personal benefit contract statement re		CHEDU:	LE O	
	the instructions for Part V.) Check if the organization used Schedule O to respond to an	y question in this Part V		<u> </u>	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide ach activity in Schedule $O$	de a detailed description (	of <b>33</b>	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they refle	ct <b>34</b>		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	r from business activities	. 35 a		X
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an		). 35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033(e) notice, I	35 c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N $$ $$ $$ $$ $$ $$ $$ $$ $$	1	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37a (	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee <b>or</b> were by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N,	/A 🔆	, ,,,,	
39	Section 501(c)(7) organizations. Enter.			\$ 1 m	*
а	Initiation fees and capital contributions included on line 9		<u>∕A</u>   ∵	* · · ·	
b	Gross receipts, included on line 9, for public use of club facilities	39b N	/A		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ► 0.; section 4912 ► 0., section 4955		اً	)	-,
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	58 excess benefit	_		X
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	<b>-</b>	o.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<b>&gt;</b>	o.		*
	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	40 e	<u> </u>	X
	List the states with which a copy of this return is filed NONE				
42 a	The organization's books are in care of ► BEN PINCUS  Located at ► 257 PINE STREET BURLINGTON VT	Telephone no. ► <u>802</u> - ZIP + 4 ► <u>054</u> (		900	- <b>-</b> -
b	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other files a security of the foreign country (such as a bank account, securities account, or other files are a security of the foreign country (such as a bank account, securities account, or other files are a security of the foreign country (such as a bank account, securities account, or other files are a security or other files are	nancial account)? .	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:		-		5,
			, ,	,	
С	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the L If 'Yes,' enter the name of the foreign country:	JS.?	42c		X
			-		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 $-$ Chand enter the amount of tax-exempt interest received or accrued during the tax year	► 43		Yes	N/A N/A No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ	•	44a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ	,	44b		X
	Did the organization receive any payments for indoor tanning services during the year?		44c	<u> </u>	X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' p. Schedule O		. 44d		
	Did the organization have a controlled entity of the organization within the meaning of section	n 512(b)(13)?	. 45a	<b> </b>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	of section 512(b)(13)? If 'Yes,'	45b		X
	TEEA0812L 02/14/12		Form <b>99</b> 0	J-EZ (	2011)

Form 990-	EZ (2011) AIF	KIDO OF CHAMPLAIN	VALLEY,	INC.		03035	5725_		Page 4
			·			<del>-</del> .		Yes	s No
<b>46</b> Did t	he organization	engage, directly or indire c office? If 'Yes,' complete	ctly, in political	campai	gn activities on behalf o	of or in opposition to		ئى ئىلسى	
Part VI	Section 50	c office? If Yes, complete  11(c)(3) organizations	Schedule C, F	art I	(aV1) nonevemnt o			6   section	
I dit VI	501(c)(3) c	organizations and sec	tion 4947(a)	(1) noi	nexempt charitable	trusts must answe	r quest	ions	ı
	47-49b ánd	d 52, and complete th	e tables for	lines 5	60 and 51.		·		
	Check if the	organization used Schedul	le O to respond	to any	question in this Part VI				🔲
	-				<del></del>	- · · · · · · · · · · · · · · · · · · ·		Yes	No
47 Did t	he organization plete Schedule (	engage in lobbying activi C. Part II	ties or have a s	section 5	601(h) election in effect	during the tax year? If	'Yes,'	17	X
		school as described in se	ection 170(b)(1	)(A)(u)?	If 'Yes.' complete Sche	dule E	<b>—</b>	8 X	<del>  "</del>
		make any transfers to an			•		. 4	9a	X
		ated organization a section			•••		4	9Ь	
<b>50</b> Com	plete this table	for the organization's five	highest compe	nsated e	employees (other than o	officers, directors, truste	ees and	кеу	
emp	loyees) who ead	ch received more than \$10			1				
	(a) Name and addres paid more th	ss of each employee aan \$100,000	(b) Title and an hours per we devoted to po	eek -	(c) Reportable compensation (Forms W-2/1099-MISC)	(a) Health benefits, contributions to employee benefit plans, and deferred compensation		mated amo compensa	
NONE						dolored componential			
		<b></b>	<u> </u>						
		<del></del>							
			<b> </b>						
				-					
<b>-</b>									
e Tota	number of other	er employees paid over \$1	100.000	<b>&gt;</b>	<u> </u>	<u> </u>	L		
<b>51</b> Com	plete this table	for the organization's five	highest compe	nsated i	ndependent contractors	who each received mo	re than	\$100,00	O of
		the organization If there i			, I		1	S	
	mame and address of	f each independent contractor paid	more than \$100,000	, 	( <b>b)</b> Type	of service	(c) (	Compensati	on
NONE_	<b></b>		<del></del>	<b>_</b>			]		
	<del></del>		<del></del> .			· · · · · · · · · · · · · · · · · · ·			
	<del></del>	<b></b>	<del>-</del>						
		<del></del>				· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
				<del>-</del>					
			=			<u></u>			
	_ <b></b>								
							<u> </u>		
		er independent contractors	· ·	•	·	•			
52 Did t chari	he organization Itable trusts mus	complete Schedule A? <b>N</b> est attach a completed Sch	<b>ote:</b> All section edule A…	501(c)(	3) organizations and 49	47(a)(1) nonexempt	► X	Yes	□No
Under penaltie	es of perjury, I declar	e that I have examined this return, alon of preparer (other than office	including accompan	ying sched	lules and statements, and to the	best of my knowledge and be			
ude, correct, a	and complete Degal	ayon or preparer (other than office	2 Sased on all life	ormation o	- wherepreparer has any known	11/13/17			
Sign	Signature of o	fficer				Date			
Here	BEN PI	NCUS				EXECUTIVE DIRE	C		
	Type or print r			)					
	Print/Type prepare	(	Preparer's signatur	/	Date	2   Check [A]	TIN		
Paid	ROBERT PA		ROBENT PA	CE CF	PA	Self-employed E	200119	417	
Preparer Use Only	Firm's name	PACE AND HAWLEY					26 11	1650/	•
200 Oilly	Firm's address	PO BOX 603 MONTPELIER, VT	05601-0603	a		Phone no (80		3 <u>46526</u> 1-258	
May the IR	S discuss this r	return with the preparer sh			uctions	Phone no (80		Yes	No
, <del></del>		The property of	200701 0	mon				990-EZ	

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

		OF CHAMPLAIN	·				_		03035			
Parl	1	Reason for Pub	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	struction	ons	
The c	rga	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box )				
1		A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	1)(A)(i).				
2	X	A school described ii	n section 170(b)(1)(A)	(ii). (Attach Schedule I	E.)							
3	П	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	tion 170	(ь)(1)(А	)(iii).				
4	П	A medical research of	organization operated	in conjunction with a h	ospital d	describe	d in <b>sec</b>	tion 170	)(b)(1)(A	)(iii) En	ter the hosp	oital's
	_	name, city, and state	):									
5		An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit o mplete Part II)	f a college or university	owned	or oper	ated by	a gover	nmental	unit des	cribed in s	ection
6				overnmental unit descri								
7	Ц	in section 170(b)(1)(	<b>A)(vi).</b> (Complete Pai	•		_	vernme	ntal unit	or from	the gen	eral public	described
8	닏	<del>-</del>		<b>70(b)(1)(A)(vi).</b> (Comple								
9		from activities related investment income a	d to its exempt function	) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III.)	n except	ions, an	d (2) no	more t	han 33-1	1/3% of ı	ts support t	rom gross
10		An organization orga	inized and operated e	exclusively to test for pu	ıblıc safe	ety. See	section	509(a)(	4).			
11		more publicly suppor	ted organizations des	exclusively for the bene- scribed in section 509(a tion and complete lines	i)(1) or s	ection 5	i09(a)(2)	ctions o ). See <b>s</b>	f, or car <b>ection 5</b>	ry out th 609(a)(3).	e purposes Check the	of one or box that
		a Type!	<b>b</b> ∏Type Ⅱ	c ☐ Type III				ed		d 🗌	Type III	Other
е		By checking this box other than foundation section 509(a)(2).	, I certify that the org n managers and other	anization is not control r than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	disqualit in sectio	fied person in 509(a)(1)	s or
f			ceived a written dete	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	rganization	,
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any o	of the fo	llowing	persons	?	
_		• .		, , , ,					_			Yes No
		(i) A person who	directly or indirectly of	ontrols, either alone or	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11.6	
		<del>-</del>		pported organization?				•	•		11 g (i)	
		· ·	er of a person descri	• • •			•	•	•		11 g (ii)	
				described in (i) or (ii) a			•	•	• •		11 g (iii)	
<u> </u>			information about th	e supported organization	on(s).							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	s the ation in	(v) Did yethe organ columi your su	zation in i	(vi) la organiza colun organiza U S	ation in I	(vii) Amount	of support
_					Yes	No	Yes	No	Yes	No		
										T		
A)												
B)												
C)												
D)					<u></u>							
E) _					<u> </u>							
otal							٠ .					
BAA	For	Paperwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.	<u></u>	S	chedule	A (Forn	n 990 or 99	0-EZ) 2011

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		Company of the Compan				
6	Public support. Subtract line 5 from line 4	<b>%</b> /* '					
Sec	tion B. Total Support		· · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		**		\$ * 1 \$ * 1	ž	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			. 12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))	•	14	<u>%</u>
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14		•	15	
16 a	33-1/3% support test — 2011. If to and stop here. The organization	the organization d qualifies as a put	lid not check the l blicly supported o	oox on line 13, an rganization	d the line 14 is 33	3-1/3% or more,	check this box
t	33-1/3% support test — 2010. If the and stop here. The organization				a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in Par	t IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Par	t IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check th	is box and see in	structions >
BAA					Sc	nedule A (Form 9	90 or 990-EZ) 2011

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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		-				
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6)						
Sec	tion B. Total Support		_				
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	dar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 10 a b 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		ation's first, seco	nd, third, fourth, o			
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9 10 a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	is for the organize stop here blic Support P	ation's first, second	nd, third, fourth, o	or fifth tax year as		
9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organized stop here blic Support P	ation's first, second contains the second cont	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organize stop here blic Support P	ation's first, secondercentage  n (f) divided by line Part III, line 15	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organizatop here blic Support P 011 (line 8, column 2010 Schedule A, restment Incor	ation's first, second the second	nd, third, fourth, one 13, column (f))	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Invitor 10 payments of the support of Invitor D. Computation of Invitor 10 payments of the support of Invitor D. Computation of Invitor 10 payments of the support of Invitor D. Computation of Invitor 10 payments of the support of Invitor D. Computation of Invitor 10 payments of the support of Invitor D. Computation of Invitor 10 payments of Invitor 10 payments of the support percentage from 10 payments of the support payments of the support percentage from 10 payments of the support percentage for 20 payments of the support percentage from 10 payments of the support percentage from 10 payments of the support percentage f	is for the organizatop here blic Support P 011 (line 8, column 2010 Schedule A, restment Incor or 2011 (line 10c,	ation's first, second column (f) divided by line Percentage column (f) divided column (f) divided	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3) <u>*</u> * *
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Schedule A	(Form 990 or	990-EZ) 2	2011 A.L.	KTDO OF	CHAMPI	TATN A	ALLEY,	INC.		030356	725	Page 4
Part*IV:	Supplemer Part II, line (See instru	ntal Info	rmation. 17b; and	Complet Part III,	e this par line 12. <i>A</i>	t to pro Also con	vide the nplete t	e explanat his part fo	tions req or any ac	uired by I Iditional i	Part II, line nformation	10;
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# SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

Name of the organization AIKIDO OF CHAMPLAIN VALLEY, INC. Employer identification number

030356725

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing dody?  2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it also is oscilication program, in a way that makes the policy known to all parts of the general community it serves? If Yes, please describe, if No. please explain. If you need more space, use Part II.  3 X  1 EFIVERS, WEBSITE, AND OTHER ADVERTISING EXPLICITLY STATE NON DISCRIMINATION POLICY.  5 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  4 Does the organization that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  4 Does the organization discrimination or on its behalf to solicit contributions?  4 Does the organization discriminate by race in any way with respect to:  5 Does the organization discriminate by race in any way with respect to:  5 Does the organization discriminate by race in any way with respect to:  5 Does the organization discriminate by race in any way with respect to:  5 Does the organization discriminate by race in any way with respect to:  5 Does the organization discriminate by race in any way with respect to:  5 Does the organizat	ar	t i			
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		Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If	- <u>-</u>		

Schedule	<b>E</b> (Form 990	or 990-l	EZ) 2011	AIKI	DO OF	CHAMPLA	AIN V	ALLEY,	INC.		03	035672	5	Page 2
Partill	E (Form 990 Supplemed 4d, 5h, 6t (see instr	ental In o, and 7 uctions	format 7, as ap ).	ion. Co plicab	omplete le. Also	this part complete	to pre this	ovide th part to	e explai provide	nations reanny other	quired b addition	y Part I, al inforn	lines 3, nation	
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# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization  AIKIDO OF CHAMPLAIN VALLEY, INC.	Employer identification number 030356725
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
AIKIDO_SCHOOL	·
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	<u>.</u> NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECT	CTLY_OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
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2011 SCHEDULE O	- SUPPLEMENTAL INFORMATION	PAGE
AIKID	O OF CHAMPLAIN VALLEY, INC.	03035672
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		<u>.</u>
ADVERTISING AND PROMOTION BANK CHARGES DEPRECIATION DUES AND SUBSCRIPTIONS EQUIPMENT/SUPPLIES INSURANCE MISCELLANEOUS	\$ TOTAL \$	2,357. 1,669. 3,062. 5,230. 10,242. 1,779. 3,039. 2,318. 1,990. 841.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		
INVENTORIES MACHINERY AND EQUIPMENT OTHER SECURITY DEPOSIT	BEGINNING  \$ 5,463. \$ 2,047.  0. 1,699.  TOTAL \$ 9,209. \$	3,037 1,556 131 1,699
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS	TEES, AND KEY EMPLOYEES	<u> </u>
NAME AND ADDRESS	HEALTH BENEFITS CONTRIB- AVERAGE HOURS COMPEN- BUTION TO PER WEEK DEVOTED SATION EBP & DC	ACCOUNT &
HEIDI ALBRIGHT 87 HARVEY ROAD UNDERHILL CTR., VT 05490	BOARD	. \$ 0
EDWARD PINCUS BOX 72	BOARD 5 0. 0	. 0

## **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 3

AIKIDO OF CHAMPLAIN VALLEY, INC.

030356725

### FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JANE PINCUS BOX 72 ROXBURY, VT 05669	BOARD 5	\$ 0.	\$ 0.	\$ 0.
BEN PINCUS 87 HARVEY ROAD UNDERHILL CTR., VT 05490	EXECUTIVE DIREC 40	16,272.	13,488.	0.
DAN BROWN 257 PINE STREET BURLINGTON, VT 05401	BOARD 5	0.	0.	0.
RICK SKOGSBERG BOX 301 ROCHESTER, VT 05767	DIRECTOR 5	0.	0.	0.
CLARENCE DAVIS 21 LAFAYETTE PLACE BURLINGTON, VT 05401	PRESIDENT 5	0.	0.	0.
MONICA HUTT 22 BILLINGS CT BURLINGTON, VT 05408	VICE PRESIDENT 5	0.	0.	0.
TED BLOOD 201 TEN STONE CIRCLE CHARLOTTE, VT 05445	TREASURER 5	0.	0.	0.
SUZANNE LAURIE-WISBAUM 245 TEN STONES CIRCLE CHARLOTTE, VT 05445	BOARD 5	0.	0.	0.
TURNER OSLER 789 ORCHARD SHORE RD COLCHESTER, VT 05446	BOARD 0	0.	0.	0.
	TOTAL	\$ 16,272.	\$ 13,488.	\$ 0.

(Rev January 2012)

#### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Partic Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print X 030356725 AIKIDO OF CHAMPLAIN VALLEY, INC. File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) filing your return. See instructions 257 PINE STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions BURLINGTON, VT 05401 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Return Application Code Code Form 990 07 01 Form 990-T (corporation) റമ Form 990-BL 02 Form 1041-A Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 11 Form 6069 Form 990-T (trust other than above) 12 Form 8870 • The books are in the care of ► BEN PINCUS Telephone No ► 802-951-8900 FAX No. ►\_\_\_\_\_ If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box. . ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 \_ \_ , 20 12 , to file the exempt organization return for the organization named above The extension is for the organization's return for: calendar year 20 11 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return | |Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. 3a|\$ nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3ы\$ payments made. Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 0.

payment instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

Form 886	8 (Rev 1-2012)	_				Page 2	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II and check	this bo	x	. ► X	
Note. Only	y complete Part II if you have already been granted	d an automa	atic 3-month extension on a previou	usly file	d Form 8868.	_	
	are filing for an Automatic 3-Month Extension, coi			_			
	Additional (Not Automatic) 3-Month Exte			(no co	pies needed).		
	- <del></del>				ying number, see	instructions	
	Name of exempt organization or other filer, see instructions				er identification number		
Turne				1			
Type or print	AIKIDO OF CHAMPLAIN VALLEY, INC.				30356725		
	Number, street, and room or suite number if a P O box, see instructions			Social security number (SSN)			
File by the extended	DACE AND HAWTEV	·					
due date for filing the	te for						
return See	City, town or post office, state, and ZIP code. For a foreign address						
man octions	ONTPELIER, VT 05601-0603						
Enter the	Return code for the return that this application is fo	or (file a sep	parate application for each return)		· ·	01	
Application Is For	on	Return Code	Application Is For			Return Code	
Form 990		01	THE SECOND ASSESSMENT	144	- 14 M 14 MA	2.2.2.3	
Form 990	<del></del>	02	Form 1041-A	^_	* * * * * * * * * * * * * * * * * * * *	08	
Form 990		01	Form 4720			09	
Form 990	-PF	04	Form 5227			10	
Form 990-	-T (section 401(a) or 408(a) trust)	05	<del></del>		11		
	T (trust other than above)	06	Form 8870			12	
<ul><li>If the output</li><li>If this whole grown</li></ul>	organization does not have an office or place of bu is for a Group Return, enter the organization's four	digit Group	e United States, check this box	th the		► [] is for the	
4   req 5   For 6 6   If the 7   State	juest an additional 3-month extension of time until calendar year 2011, or other tax year beginning tax year entered in line 5 is for less than 12 month Change in accounting period	g ths, check ro AYER RE	, 20 , and ending eason: Initial return  SPECTFULLY REQUESTS AI	DITI	ONAL TIME TO		
8a If the	s application is for Form 990-BL, 990-PF, 990-T, 47 efundable credits. See instructions	720, or 6069	enter the tentative tax, less any		8a \$		
payn	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment al Form 8868.	069, enter a lowed as a	any refundable credits and estimate credit and any amount paid previo	ed tax usly	8b \$		
c Bala EFTF	nce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using		8c \$		
	Signature and Verific	ation mus	st be completed for Part II o	nly.			
Under penaltie correct, and c	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	ompanying sche	edules and statements, and to the best of my k	nowledge	and belief, it is true,	1711	
Signature -	Title >	EXECUT	IVE DIREC		Date ► //	13 <u>                                    </u>	
BAA	·	FIFZ0502L 07/29/11			Form <b>8868</b> (Rev 1-2012)		

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