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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

type

See

Name change

Initial return

Terminated

Amended return

K Form of organization

Part I

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16a

(HTA)

Activities & Governance

SCANNED JUL 2 3 2010

Application pending

benefit trust or private foundation)

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

For the 2009 calendar year, or tax year beginning and ending C Name of organization AIDS PROJECT OF SOUTHERN VT D Employer identification number use IRS Doing Business As 22-2950456 label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 254,8263 O BOX 1486 802 Specific City or town, state or country, and ZIP + 4 **BRATTLEBORO** 05302-1486 G Gross receipts \$ 611.328 Name and address of principal officer Jared Rediske, Board Chair Yes X No H(a) Is this a group return for affiliates? Susan Bell. Ex. Dir 225 Hickory Ridge Rd Putney VT 05346 H(b) Are all affiliates included? Tax-exempt status X 501(c) (3 4947(a)(1) or If "No," attach a list (see instructions)) ◀ (insert no) AIDS Project Southern Vermont, Ora H(c) Group exemption number X Corporation Trust Association Other > L Year of formation 1988 M State of legal domicile VT Summary Briefly describe the organization's mission or most significant activities to provide direct Services to thate whose lives are affected by HIV/AIDS, to offer education about HIV/AIDS to help prevent its spread, and to promote Understanding within the communities served. Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of employees (Part V, line 2a) 10 5 Total number of volunteers (estimate if necessary) 6 150 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 505,198 562.838 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,965 20,354 Other revenue (Part All Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,452 28,136 total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 544,615 611,328 Benefits paid to or for members (Part IX, column (A), lines 1–3) 2,345 3,203 0 \$alaries, other compensation employee benefits (Part IX, column (A), lines 5–10) 365,453 357.857 Profestion Diministration (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 183.510 168,801 551,308 -6.693**Beginning of Current Year** End of Year 205,717 8,744 196,973

17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 529,861 Revenue less expenses Subtract line 18 from line 12 19 81 467 Total assets (Part X, line 16) 20 278,489 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 278,439 Part II Signature Block 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 helief, 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 Board Type or print name and title Check if Preparer's identifying number signature Paid self-(see instructions) ■ X PREPARED RETURN 5/11/2010 employed 561-80-2661 Preparer's Firm's name (or yours Robert Halverson FIN Use Only if self-employed), 119 School St, Keene, NH 03431 address, and ZIP + 4 Phone no 603 357-7607 May the IRS discuss this return with the preparer shown above? (see instructions) Х Yes For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2009)

Page 3

,		22-2950456	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	2	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?		 ^ -	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule			 ^-
•	Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) no			:` <u> </u>
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		_x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
4.0	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
4.4	quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ <u>.</u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		×
©		11		 ^
	Schedule D, Part VI		į	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		l	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
€				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	ļ		
6	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ŀ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		ŀ	
•	The title of garmation report an amount is other machines in that it, into 20 in 100, complete comodate b, i altri	<	į	
•	- 12 the organization department of the tax year metado a formation and		İ	
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Pa			
12	9,,,,,,, .			L.,
404	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes		ŀ	İ
13	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X 42		
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	· · · · · · · · · · · · · · · · · · ·		<u> </u>
_	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	1	x

Form 990 (2009) AIDS PROJECT OF SOUTHERN VT

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		 ^
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		_	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	 -	 ^
J2	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ x_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_ X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	ggn	(2009)

The summer reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable be fine the number of Forms W-26 included in the 1st Enter -0- if not applicable be fine the number of Forms W-26 included in the 1st Enter -0- if not applicable be fine the number of Forms W-26 included in the 1st Enter -0- if not applicable be fine the number of enter with 26 included in the 1st Enter -0- if not applicable be fine the number of enter with 26 including winnings to prize winners? 25 Enter the number of enterplayees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 26 If a least one is reported on line 2st, did the organization file all required federal employment tax returns? Note. If the sum of lines 1st and 2st is greater than 250, you may be required to e-file this return (see instructions) 30 Dud the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 41 If a least one is reported on line 2st, 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)? 42 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 43 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other sinancial account? 44 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 54 Was the organization a party to a prohibited tax shelter transaction? 55 If "Yes," other body or the organization that it was or is a party to a prohibited tax shelter transaction? 65 If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall are normally greater than \$100,000, and			50456	F	age 5
1a Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns Enter- 0- in the applicable Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable [1a. 0] 1b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable [2b] 2b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable [2b] 2c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. Statements, filed for the calendar year ending with or within the year covered by this return [2b]. If Yes, 1as and 2a is greater than 250, your way be required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, your way be required to e-file this return (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, 1as at filed a Form 990-T for this year? If 'No, ' provide an explanation in Schedule O. 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 foregin country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. In a foreign country to the commandation and provided that the series of the provided and services and the provided that shelfer transaction? 5c Was the organization aparty to a prohibited tax shelfer transaction? 6a Did the organization aparty to a prohibited tax shelfer transaction? 6b If 'Yes, of the line \$5 or \$5, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction? 6c Did the organization sell, receive deductible contributions under section 170(c). 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c If 'Yes, 'Indicate the number of Forms 8282 filed during the year	Pari	V Statements Regarding Other IRS Filings and Tax Compliance			<u></u>
U.S. Information Returns Enter -0- if not applicable □ Enter the number of Forms W-25 included in line 1s Enter -0- if not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on ine 2a, did the organization file all required debrail employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If at least and a sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during they ear covered by this return? 3a X 3b Did the organization have a file 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 accounts or a file organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax sheller transaction? 5b Did you taxastile party notify the organization file form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 5d Did any taxastile party notify the organization file form 8880-T in the organization social any contributions with the very solicitation and express s				Yes	No
b Enter the number of Forms W-2G included in line 1a Enter-0- in 1ot applicable 10	1a				
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gaming (gambling) winnings to pinze winners? 2		· · · · · · · · · · · · · · · · · · ·			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O at All 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) see the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts 5b Was the organization a party to a prohibited tax sheller transaction? 5c Was the organization aparty to a prohibited tax sheller transaction? 5d Was the organization aparty to a prohibited tax sheller transaction? 5d Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheller Transaction? 5d If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheller Transaction? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 5d Unit the organization and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for whin			10	l x	
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nistructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account yet any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b	~				
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b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country		, and the state of			
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b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a	9				
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11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a					
a Gross income from members or shareholders 11a			İ		
		· · · · · -			
b Gross income from other sources (Do not net amounts due or paid to other sources		Gross income from other sources (Do not net amounts due or paid to other sources	1		
against amounts due or received from them)	~				
12a Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	12a	\tag{\tag{\tag{\tag{\tag{\tag{\tag{	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_				

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	10			
b	Enter the number of voting members that are independent	1b	10	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	hip with]		
	any other officer, director, trustee, or key employee?			2		_ X_
3	Did the organization delegate control over management duties customarily performed by or u	ınder t	he direct			
	supervision of officers, directors or trustees, or key employees to a management company of	other	person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or	more r	nembers			
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or of			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertaker	n during			
	the year by the following					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		X
	ion B. Policies (This Section B requests information about policies not required by the	e Inte	rnal			
Reve	enue Code)					
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of		n chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization		6 1 41	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body if	petore	filing the			İ
	form?			11	X	 -
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		420		-
12a	1 , 3	that a	auld auso	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests rise to conflicts?	mat C	ould give	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the po	hov2 /	f"Voc"	120	 ^-	ļ
С	describe in Schedule O how this is done	iicy r r	163,	12c	Х	
13	Does the organization have a written whistleblower policy?			13	x	
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and	annro	val hv	17	-^-	
13	independent persons, comparability data, and contemporaneous substantiation of the delibe		•			
а	The organization's CEO, Executive Director, or top management official		ana accioion	15a	×	
b	Other officers or key employees of the organization			15b	 x	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				 ^`	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrand	ement			
	with a taxable entity during the year?			16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ı to ev	aluate	1.55		
	its participation in joint venture arrangements under applicable federal tax law, and taken ste					
	the organization's exempt status with respect to such arrangements?	•	Ŭ	16b		
Sect	ion C. Disclosure				•	•
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 99	D-T (501(c)(3)s	only)		
	available for public inspection Indicate how you make these available. Check all that apply			• •		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	ments	, conflict of inter	est		
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the l	ooks				
	organization SUSAN BELL 67 MAIN ST. RPATTI FROPO VT. RPATTI FROPO VT. 05301		(80)2 25	4-82	263)
	67 MAIN ST. PRATTI EROPO AT. PRATTI EROPO AT 05201					

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compe		ent on	ice			tor, o	rtru	T	 -	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	ন Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Susan Bell 225 Hickory Ridge Rd S., Putney VT 0534 see attached list of board of directors					х			44,000	0	0
see attached list of board of directors all serve w/o comp								0	0	.0

	t VII Section A. Officers, Directors, Tru	usiees, Ney Ell	picy	ees,	and	ı Hığ	inesi	t Coi	mpensated Em	ployees (co	nunue	<u>a) </u>	
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per week			(checl		nat ap		Reportable compensation from	Reportable compensation from related	n	Estima amoun othe	nt of
		Week	individual trustee or director	nstitutional trustee	loer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	compens from t organize and rela organize	sation the ation ated
												-	
1b	Total							•	0		0		C
2	Total number of individuals (including but no reportable compensation from the organization)		e list	ted a	bove 0	e) wh	no re	ceive	ed more than \$1	00,000 in			
						-						Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," <i>complete</i> Sci					yee,	or h	ighe	st compensated	I	3		×
4	For any individual listed on line 1a, is the su												
5	individual Did any person listed on line 1a receive or a										4		Х
	services rendered to the organization? If "Y										5_	<u>.l. </u>	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,00								s \$100 000					
<u>'</u>	compensation from the organization	inpensated inde	penu —		JOHU	acio	15 111	at re		111 \$100,000			
	(A) (B) Name and business address Description of services						Comp	(C) ensation	_				
	none												
			-					-					
			-					 - -					0
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	thos	se lis	sted a	abov	e) who received	1			

Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2009) AIDS PROJECT OF SOUTHERN VT 22-2950456 Page **9** Part VIII Statement of Revenue (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections function revenue 51<u>2, 513, or 514</u> revenue Contributions, gifts, grants 9,752 Federated campaigns 1a and other similar amounts Membership dues 1b 0 c Fundraising events 1c 0 d Related organizations 1d 0 399,464 e Government grants (contributions) 1e All other contributions, gifts, grants, and 1f similar amounts not included above 153,622 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 562,838 **Business Code** Program Service Revenue 2a ol ol ol 0 ol All other program service revenue ol Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) 20,354 20,354 Income from investment of tax-exempt bond proceeds 0 4 5 Royalties ol (II) Personal (ı) Real 6a Gross Rents b Less rental expenses 0 c Rental income or (loss) 0 ▶ d Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other 0 0 assets other than inventory b Less cost or other basis and sales expenses 0 0 ol c Gain or (loss) 0 d Net gain or (loss) ▶ ol 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 28,136 а b Less direct expenses b 0 c Net income or (loss) from fundraising events ▶ 28,136 9a Gross income from gaming activities See Part IV, line 19 а 0 0 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 0 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a 0 0 0 C _____ d All other revenue 0

0

20,354

611,328

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. An official expenses Program servec expenses (C) Program server program server. (C) Program server.		All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), and	d (D).
1 Grants and other assistance to governments and organizations in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 17 in the U. S See Part IV, line 18 in the U. S See Part IV, line 19 in the U. S See Part IV, line 17 in				Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers, directors, trustees, and key employees 10 Compensation of current officers, directors, trustees, and key employees 11 Compensation of current officers, directors, trustees, and key employees 12 Compensation of current officers, directors, trustees, and key employees 13 Compensation of current officers, directors, trustees, and key employees 14 Compensation of current officers, directors, trustees, and key employees 15 Compensation of current officers, directors, trustees, and key employees 16 Compensation of current officers, directors, trustees, and key employees 17 Compensation of current officers, directors, trustees, and key employees 18 Compensation of current officers, directors, and trustees of the current of current of current of current of current officers, directors, and trustees of current of	1	Grants and other assistance to governments and				<u> </u>
the U.S. See Part IV, line 22 3,203 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 42,000 42,007 42,007 42,007 42,007 42,007 42,007 42,007 43,007 43,007 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 44,000 4,000		organizations in the U.S. See Part IV, line 21	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	Grants and other assistance to individuals in				
organizations, and individuals outside the U.S. See Part IV, lines 17 on the Personal Compensation not included above, to disqualified persons (as defined under section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4958(h(11) and persons described in section 4918(h(11) and persons described in section 493(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Adventing and promotion 13 Office expenses 10 O		the U.S. See Part IV, line 22	3,203	3,203		
U. S. See Part IV, lines 15 and 16 4 Benefits part to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(0)(11) and persons described in section 4958(0)(13) and persons described in section 4958(0)(3)(8) Compensation not included above, to disqualified persons (as defined under section 4958(0)(13) and persons described in section 4958(0)(3)(8) Compensation not included section 4958(0)(13) and persons described in section 4958(0)(3)(8) Compensation of the persons (as defined under section 4958(0)(13) and persons described in section 4958(0)(13) and persons described in section 4958(0)(13) and section 493(4) and section 49	3	Grants and other assistance to governments,				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on tuncluded above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons		organizations, and individuals outside the				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3) (b) 7 Other salanes and wages 8 Pension plan confributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 2 5,960 20,220 6,740 10 Payroll taxes 11 Fees for services (non-employees) 1 Management 1		U S See Part IV, lines 15 and 16	0			
trustees, and key employees 6	4	Benefits paid to or for members	0			<u> </u>
6 Compensation not included above, to disqualified persons (as defined under section 4958(h(1)) and persons (as defined under section 4958(h(1)) and persons (as defined under section 4958(h(3))(8) 7 Other salanes and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 Other employee benefits 26,960 20,220 6,740 Payroll taxes 26,176 20,325 5,851 10 Payroll taxes 26,176 20,325 5,851 11 Fees for services (non-employees) a Management b Legal 0 O 1 Cobying Professional fundraising services See Part IV, line 17 f Investiment management fees 0 Other 7,711 7,711 Advertising and promotion 10 Office expenses 10,408 8,161 1,440 11 Information technology 7,902 6,717 1,185 Royalties 0 Occupancy 24,372 20,716 3,656 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Apyments of divided and meetings 10 Interest 10 Occupancy 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and amortization 20 Depreciation, depletion, and exceed 5% of total expenses shown on line 25 below) 20 Depreciation, depletion, and exceed 5% of total expenses shown on line 25 below) 21 Payments to travel or entertainment expenses 22 Depreciation, depletion, and expenses, and the exceed 35% of total expenses shown on line 25 below) 24 Pogram supplies 25 Dotal functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Pi if following SOP 98-2 Complete this line only if the organization	5	Compensation of current officers, directors,			Î	·-
persons (as defined under section 4958(r)(11) and persons described in section 4958(c)(3)(B) 7 Other salanes and wages 8 Pension plan contributions (include section 401(k) and section 403(k) and section 403(k) mad secti		trustees, and key employees	44,000		44,000	
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 26,960 20,220 6,740 10 Payroll taxes 26,960 20,220 5,751 11 Fees for services (non-employees) a Management b Legal Anagement b Legal C Accounting 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6	Compensation not included above, to disqualified				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 Lobbying 15 Perfessional fundraising services See Part IV, line 17 for linvestment management fees 17 Investment management fees 19 Other 27 Advertising and promotion 28 Office expenses 29 10 4,408 20 11,440 21 Information technology 21 Travel 22 Royaltes 23 1,772 24 Advertising for investment expenses for any federal, state, or local public officials 25 Conferences, conventions, and meetings 20 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 24 Prof. Fees 25 O		persons (as defined under section 4958(f)(1)) and				
7 Other salanes and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Pery litaxes Pension plan contributions Other employee benefits Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Pery litaxes Pension plan contributions Persion plan contributions Persion plan contributions Persion plan contributions Persion plan contributions Pension plan contri			o			
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and section 403(b) employer contributions) 9 Other employee benefits 26,960 20,220 6,740 10 Payroll taxes 26,976 20,325 5,851 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other g Other downward formation 10 0 11 T,711 12 Advertising and promotion 10 0 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 10 0 11 T,7711 12 Advertising and promotion 11 Office expenses 11 0,408 11,611 11,440 11 Information technology 17,902 16,717 11,185 10 0 11 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 S,935 10 Interest 10 Depreciation, depletion, and amortization 10 Deptember and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 10 Payers 10 Deptember 20 Depreciation, depletion, and amortization 10 Diues 10 Diues 10 Diues 10 Diues 10 Diues 10 Diues 11 Payments to affiliates 10 Diues 11 Payments to affiliates 10 Diues 12 Depreciation, depletion, and amortization 13 Prof. Fees 14 Other expenses shown on line 25 below) 15 Payments of travel or entertainment expenses 15 Total functional expenses. Add lines 1 through 24f 15 Joint costs. Check here P if following 15 SOP 98-2 Complete this line only if the organization	8	-				
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Payments of travel or entertainment expenses for any federal, state, or local public officials 0		• •				
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23		· ·			2 036	0
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Prof Fees b Dues c program supplies d Other e equip rental f All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here If following SOP 98-2 Complete this line only if the organization		· ·				
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25 Total functional expenses. Add lines 1 through 24f 529,861 432,756 96,298 26 Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization SOP 98-2 Complete this line only if the organization				1,309		
26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization				432.756	06 209	907
SOP 98-2 Complete this line only if the organization			529,001	432,730	90,298	807
	26					
		· · · · · · · · · · · · · · · · · · ·				
		reported in column (B) joint costs from a combined				
educational campaign and fundraising		·				
solicitation		SOIICITATION				Form 990 (2000)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing 186.087 1 251,386 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net ol 3 0 0 4 0 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 0 6 ol 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 578 9 578 10a 42,896 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 19.052 10c 26,525 Less accumulated depreciation 10b 16,371 11 Investments—publicly traded securities ol 11 0 0 12 Investments—other securities See Part IV, line 11 0 12 13 Investments—program-related See Part IV, line 11 ol 13 0 ol 0 14 14 Intangible assets Other assets See Part IV, line 11 0 15 ol 15 278,489 16 Total assets. Add lines 1 through 15 (must equal line 34) 205,717 16 17 Accounts payable and accrued expenses 8.744 17 18 Grants payable 18 19 19 Deferred revenue 20 20 ol Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ol 22 ol 23 0 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 01 24 0 25 0 25 Other liabilities Complete Part X of Schedule D 0 8,744 26 Total liabilities. Add lines 17 through 25 26 50 Organizations that follow SFAS 117, check here ▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 196,973 27 27 278,440 Unrestricted net assets 28 28 Temporarily restricted net assets Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 278,440 196,973 33 Total net assets or fund balances 205,717 34 278.490 34 Total liabilities and net assets/fund balances

	(2-1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22-2000400		age 12
Par	XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
þ	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			س مور	(2000)

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury

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

Open to Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization

Inspection Employer identification number

AIDS	PR	DJECT OF SC	DUTHERN VT						<u></u>	22-2	950456		
Pa	rt I	Reason	for Public Cl	harity Status (All org	ganizatio	ns must	complete	e this pai	rt) See ı	nstructio	ns		
Γhe	o <u>rga</u> ı	nization is not	a private found	ation because it is (Fo	or lines 1	through 1	1, check	only one	box)				
1		A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i	i).			
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	ttach Sch	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4				ation operated in conju	inction wi	th a hospi	tal descri	bed in se	ction 170)(b)(1)(A)	(iii). Ent	er the	
_			me, city, and st										
5		_		r the benefit of a colled (Complete Part II)	ge or univ	ersity owr	nea or ope	erated by	a govern	mental u	nit descr	.bea	
6	Ш	A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectior	170(b)(1)(A)(v).				
7	X	-		ly receives a substanti (1)(A)(vi). (Complete l	-	its suppoi	t from a g	governme	ntal unit o	or from th	e genera	al publ	IC
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete f	Part II)						
9	一	_		ly receives (1) more th		· ·		om contr	butions, i	nembers	hip fees.	and c	iross
		=		ed to its exempt function							-	_	
			_	ent income and unrela				•		tax) from	busines	ses	
		•	=	after June 30, 1975				-	•				
10	\sqcup	_	_	ind operated exclusive	•	•	-			•			
11		•	•	ind operated exclusive	-		•		-		•		
				blicly supported organ					•			section	on
				at describes the type o				•	te lines i				
		a Type	<u></u>	Type II c		e III–Fund	•	Ū			Type III-		
е		-		y that the organization			-		•		•		
				on managers and othe	er than on	e or more	publicly s	supported	l organiza	itions des	scribed in	i section	on
			section 509(a)(•		100 11 -1							
f			zation received a , check this box	a written determination	n trom the	RS that	itisaiyp	еї, туре	II, or Typ	e III supp	orting		
g		-		the organization acce	nted anv	aift or con	tribution f	rom anv	of the				
9		following per		the organization door	pica arry	giit or con	in ballon i	Tom any	or the				
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	ın (II)	1	Yes	No
		and (ıı	ı) below, the gov	verning body of the su	pported o	rganizatio	n?				11g(ı)		Х
			·	person described in (i							11g(ıi)		X
_				ty of a person describe							11g(ıiı)		Х
<u>h</u>		Provide the 1	following inform: I	ation about the suppor		nization(s) organization		au aatıfı.	1 ()	la iba	(100)	Amount	
(1)		e of supported anization	(ii) EIN	(described on lines 1–9		sted in your		ou notify	1	ls the tion in col	1 ' '	support	UI
	org	amzanon		above or IRC section (see instructions))	governing	document?		of your		zed in the			
				(see instructions))	Yes	No	Yes	No No	Yes	S ?	1		
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Γota	l_												0

Гаг	 ··				i)(A)(iv) and	170(B)(1)(A)(VI)
Sec	(Complete only if you checked to tion A. Public Support	ine box on line	5, 7, 01 6 01	Part I)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(u) 2005	(5) 2000	(6) 2007	(d) 2000	(e) 2003	(i) Iolai
'	membership fees received (Do not						
	include any "unusual grants")	425,778	476,159	443,790	505,198	562,838	2,413,763
2	Tax revenues levied for the organization's	423,176	470,139	443,790	505,196	302,030	2,413,763
_	benefit and either paid to or expended on						
	its behalf	ol	o				0
3	The value of services or facilities					- 1	
•	furnished by a governmental unit to the						
	organization without charge	ol	ol	1			0
4	Total. Add lines 1 through 3	425,778	476,159	443,790	505,198	562,838	2,413,763
5	The portion of total contributions by each	423,770	470,139	443,790	303,198	302,036	2,413,703
_	person (other than a governmental unit						
	or publicly supported organization)				į		
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,413,763
	ion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	425,778	476,159	443,790	505,198	562,838	2,413,763
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	ol	0		12,965	20,354	33,319
9	Net income from unrelated business		·····		12,900	20,354	
-	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0				0
11	Total support. Add lines 7 through 10		1				2,447,082
12	Gross receipts from related activities, etc. (s				L	12	
13	First five years. If the Form 990 is for the oil	rganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	ı section 501(c)	(3)
	organization, check this box and stop here						▶
	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, c	• • •		column (f))		14	98 64%
15	Public support percentage from 2008 Sched				L	15	100 00%
16a	33 1/3% support test-2009. If the organizar				e 14 is 33 1/3%	6 or more, chec	
	and stop here. The organization qualifies as		. •				► X
b	33 1/3% support test–2008. If the organizar				nd line 15 is 33	1/3% or more,	check this
17-	box and stop here. The organization qualified				- 40 - 40 4	01	
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f the organization meets the "facts-and-circum	acis-and-circun	nstances test,	Check this box	and stop ner	e. Explain in Pa	art IV now
b	10%-facts-and-circumstances test–2008.						
b	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
10			_	-		_	
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 17	a ,or 1/b, check	this box and se	e instructions	▶
				 			

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 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 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 n Total. Add lines 1 through 5 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 **b** 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 0 Add lines 7a and 7b 0 0 0 0 0 R Public support (Subtract line 7c from line 6) 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 0 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 0 0 0 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 0 00% Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0 00% Investment income percentage from 2008 Schedule A. Part III. line 17 18 18 0 00% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form	990 or 990-EZ) 2009	AIDS PROJ	ECT OF SOUT	HERN VT		22-2950456	Page 4
Part IV	Supplemental	Information	. Complete thi	is part to provide	e the explanations required	d by Part II, line 10	0,
	Part II, line 17a	or 17b, and	Part III, line 12	Provide any o	ther additional information	See instructions	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Complete to provide information for responses to specific questions on

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Attach to Form 990.

Name of the organization

AIDS PROJECT OF SOUTHERN VT

AIDS Project of Southern Vermont

Employer identification number 22-2950456

EID# 22-2950456

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	Part VI		
	Section A		
	Line 10	Reviewed by Board of Directors and Executive Director prior to filing	
	Section B		••••
	Line 12c	Reviewed annually by Board of Directors	
	Line 15a	Board of Directors determines compensation for Executive Director	
	Line 15b	Personnel Committee of Board of Directors and Executive Director determines compensation for other key employees	
	Section C		
	Line 19	All documents are available upon request; requests honored within 5 business days	

AIDS Project of Southern Vermont Board of Directors 2009-2010

John Bouffard

Management Consultant 1013 South Street Brattleboro, VT 05301 415 786-3734 John@bouffardassociates.com Elected 2009 - Term 2011 (1)

Betty Elwell

Retired Public Health Administrator 119 Harris Avenue Brattleboro, VT 05301 902 254-6815 Elected 2008 – Term 2010 (3)

Craig Hammond

Non-Profit Administrator P O Box 8 Marlboro, VT 05344-0008 802 254-7060 evch85@sover.net Elected 2008 – Term 2010 (1)

Greg Lesch, Vice-Chair

Non-Profit Administrator 77 Highland Street Brattleboro, VT 05301 802 254-2134 mrgpl@sover.net greg@brattleborochamber.org Elected 2004 - Term 2010 (3)

Stewart McDermet, Secretary

Community Activist 62 Butterfield Road Dummerston, VT 05301 802 254-3555 laluna@together.net Elected 2006 - Term 2010 (2)

Gwen Mousin, Treasurer

Health Care Administrator 17 Echo Cove Way Spofford, NH 03462 802 257-3135 (W) 603 363-8401 (H) gmousin@myfairpoint.net Elected 2005 – Term 2011 (3)

Jared Rediske, Chair

Dentist 58 Log Cabin Road Guilford, VT 05301 802 579-8998 dentalguy2006@yahoo.com Elected 2007 - Term 2011 (2)

Patrick Runyon

Banker 220 Park Avenue Bennington, VT 05201 802 275-7356 patrick runyon@yahoo.com Elected 2009 - Term 2011 (1)

Bruce Taft

Community Activist 11 Cross Street, #4 Brattleboro, VT 05301 802 275-8950 Elected 2004 - Term 2010 (3)

Phillip Wilson

Retired Episcopal Priest 105 Westminster Road Putney, VT 05346 802 536-4641 phillip@svcable.net Elected 2009 - Term 2011 (1)

Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

 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) 					
		plete Part II unless you have already been granted an automatic 3-month extension of			
Par		Automatic 3-Month Extension of Time. Only submit original (no copies nee		7	
A cor Part I		n required to file Form 990-T and requesting an automatic 6-month extension—check t	his box and c	omplete ►	
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 acome tax returns	004 to reques	t an extension of	
of the electr return	return ronicall ns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at a snoted below (6 months for a corporation required to file Form 990-T). However, you cay if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms so composite or consolidated Form 990-T. Instead, you must submit the fully completed a form more details on the electronic filing of this form, visit www.irs.gov/efile.	annot file For 990-BL, 6069 and signed pa	m 8868 , or 8870, group ige 2 (Part II) of	
Type	or	Name of Exempt Organization	Employer id	lentification number	
print		AIDS PROJECT OF SOUTHERN VT	22-2950456		
File by t	e for	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1486			
filing your return S		City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructi	ons	BRATTLEBORO,	VT	05302-1486	
Chec	k type	of return to be filed (file a separate application for each return)		- · · · · · · · · · · · · · · · · · · ·	
X Form 990 Form 990-T (corporation)				Form 4720	
=	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)			Form 5227	
				=	
				Form 6069	
				Form 8870	
• The books are in the care of ► SUSAN BELL 67 MAIN ST, BRATTLEBORO, VT BRATTLEBORO VT 05301 Telephone No ►(_) 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this for part of the group, check this box • If this is for the whole group, check this box • If this is for part of the group, check this box • If this is for part of the group, check this box • If this is for part of the group, check this box					
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ X calendar year 2009 or ▶ tax year beginning, and ending				
2	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period				
3 a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
		ny nonrefundable credits. See instructions		3a \$	
b		application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	·		
		ents made Include any prior year overpayment allowed as a credit		3b \$	
С		Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
		it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
_		m) See instructions		3c \$ 0	
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845	3-EO and Fo	rm 8879-EO	
for pa	yment	instructions			