

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



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)

OMB No 1545-0047

SCANNED DEC 0 6 2010

Open to Public

Intern	aı Kever	nue Service The organization may have to use a copy of this return t	o salisty stat	e reporting req	ullements	Inspection
<u> </u>	For th	e 2009 calendar year, or tax year beginning July 1, 2	009, and end	ing Ju	ne 30	, 20 10
во	heck if	applicable Please C Name of organization AIDSNET			D Employ	er identification number
_		change label or Doing Business As AIDSNET			23	2755276
_	lame c	print or Newbox and atmost for D.O. how if area is not addressed to atmost address	ss) Room/	/suite	E Telepho	one number
_	nitial re	turn See 2200 Avenue A		102	(610)	882-1119
	ermina	Specific				
_		d return tions. Bethlehem, PA 18017			G Gross re	ceipts \$
		on pending F Name and address of principal officer		H(a) Is the	s a group return	for affiliates? Yes No
		Karen Smoyer 202 Main Street, Alburtis, PA 18011				ncluded? Yes No
ī	Tax-ex	empt status		l l		list (see instructions)
J_	Webs	ite: ► aidsnetpa,org		H(c) Group	exemption nu	mber_▶
K	Form of	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of form	nation. 1994	M State of	f legal domicile PA
Рa	rt I	Summary		-		
	1	Briefly describe the organization's mission or most significant act	tivities:			
		AIDSNET Builds Healthier Communities by Planning and Fund			Preventic	n Services
Activities & Governance		AIDSNET contracts with agencies in the six Pennsylvania cou				
Ē		Northampton and Schuylkill that provide prevention and care				
Ş.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed				••••••
Ğ		Number of voting members of the governing body (Part VI, line 1		5 / 5	3	18
80	Į.	Number of independent voting members of the governing body (•	 1b)	4	18
/itie		Total number of employees (Part V, line 2a)	rait vi, iiile	16)	. 5	5
Cţ		Total number of volunteers (estimate if necessary)			. 6	0
4		Total gross unrelated business revenue from Part VIII, column (C)			7a	
		Net unrelated business taxable income from form 990-1, line-34	, iiie 12 . .		. 7b	
		KECLIVED		Prior Y		Current Year
		Constitutions and grants (Bost VIII line 11 h)			,195,396	2,272,872
e	8	Contributions and grants (Part VIII, line 14)	101	•	0	0
Revenue		Program service revenue (Part VIII, line 20) NOV 1 5 2010	\overline{\chi_0}	•	350	229
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	٠ ا ١٨٠٠	· 		
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Total revenue – add lines 8 through 11 (must equal Patricular)	Δ) line 12)	· —	,195,746	2,273,101
					,816,865	1,884,789
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		· '	,010,000	1,004,703
S		Benefits paid to or for members (Part IX, column (A), line 4)	308,477	322,601		
Su.		Salaries, other compensation, employee benefits (Part IX, column (A),			300,477	322,001
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				
ш		Total fundraising expenses (Part IX, column (D), line 25) ▶		- Statement	66,631	
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		·		63,434
		Total expenses. Add lines 13–17 (must equal Part IX, column (A)	•	·	2,191,973	2,270,824
- S	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	Postanta of 6	3,773	2,277
Net Assets or Fund Balances		—		Beginning of C	621,917	End of Year
SS Bala	20	Total assets (Part X, line 16)		· 		307,258
t p	21	Total liabilities (Part X, line 26)		· 	546,497	229,561
	22 [1]	Net assets or fund balances. Subtract line 21 from line 20		<u> </u>	75,420	77,697
	31 L II	Signature Block Under penalties of perjury, I declare that I have examined this return, including ac	companying sc	hadulas and state	ments and	to the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than o	fficer) is based	on all informatio	n of which p	reparer has any knowledge
c :.		Mun Mun h		ŀ		
Siç	-	Signature of officer	\		ate .	
He	re	HAN Stundt Thacker, Executive	A com	ha "	ورادران	1
		Type or prof name and title	1)/Kan	<u>w</u>	11/104/10	
		Type or print name and title	Date	Check if	Droporos'-	idantifuna number
		Preparer's signature	Date	self	Preparer's (see instruc	identifying number ctions)
Paid	d	orginated y		employed ► L	1	
Pre	parer's	Firm's name (or vours)		Ļ		
	Only	if self-employed),		EIN		<u> </u>
		address, and ZIP + 4		Phone	no ▶ (<u> </u>
Ma	y the	IRS discuss this return with the preparer shown above? (see ins	tructions)	<u></u>	<u> </u>	Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: AIDSNET Builds Healthier Communities by Planning and Funding HIV/AIDS Care and Prevention Services. AIDSNET covers the six counties of Berks, Carbon, Lehigh, Monroe, Northampton and Schuylkill and contracts with agencies that provide prevention and care services needed in the communities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,237,391 including grants of \$1,033,394) (Revenue \$) Federal Ryan White Part B funds provided various HIV-related services, including case management,
	and treatment adherence. These funds were also used to provide direct patient care services such as mental health, emergency finanicial assistance, outpatient medical care, medical transportation and legal services for 1,202 people who are infected or affected with HIV/AIDS.
4b	(Code:) (Expenses \$ 554,403 including grants of \$ 432,170) (Revenue \$) State 656 funds provided various HIV/AIDS prevention programs, including outreach, interventions delivered to individuals and groups, health communications/public information and other prevention activities to 24,233 people in the six-county area. State funds were also used to supplement Ryan White funds for care services,
	such as case management.
4c	(Code:) (Expenses \$471,997 including grants of \$419,225) (Revenue \$) Federal HOPWA funds provided various housing opportunities, including short-term rent/mortgage/utility
	payments, tenant-based rental assistance, first month rent and security payments and transitional housing.
	These funds were also used for housing-based case management services. Total served with HOPWA funds was 317 people in the six-county area who are either affected by or infected with HIV/AIDS.
	······································
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2.263.791

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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	:	✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	:		
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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		1
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20	If "Yes," complete Schedule G, Part III	19 20		1
	Did the organization operate one of more needs that it is a complete ochequie if	<u> </u>		▼

Par	t 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	1	
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		✓
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		1
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		✓
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	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 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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		✓
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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
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		✓
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
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		1
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	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	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 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		1
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 Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		ļ,
_	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	{		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	required?			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	✓
10	Section 501(c)(7) organizations. Enter:	1		1
a	Initiation fees and capital contributions included on Part VIII, line 12	1		-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	aross modific from members of shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources 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		1
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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			í
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		<u>✓</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>/</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	_6_		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,
	of the governing body?	7a_		_
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			نـــــا
	The governing body?	<u>8a</u>	√	
_	Each committee with authority to act on behalf of the governing body?	8b	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			,
500	tion B. Policies (This Section B requests information about policies not required by the Inte	9a_		
	enue Code.)	iiiai		
			Yes	No.
102	Doop the organization have local chapters, branches, or offiliates?	10a		<u> </u>
	Does the organization have local chapters, branches, or affiliates?			
U	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			Ì
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-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 Dupon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Robin Haydt 2200 Avenue A, Suite 102, Bethlehem, PA 18017 (610)882-1119		. 	

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 (A)	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)						Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Karen Smoyer, board Chairperson	.5	/		1		_		0	0	0
Karen Hicks, board Vice-Chairperson	5	1		V				0	0	0
Claudia Stemler, board Treasurer	5	1		1				0	0	0
Ann Stuart Thacker, Executive Director	35				1	1		76,041	0	0
Lester R. Bahr, Director	5	1						0	0	
Evelyn Overstreet, Director	5	1						0	0	C
Dr. Judith Lasker, Director	.5	1						0	0	C
Lawrence J. Regneth, Director	5	,						0	0	(
Greg Reppert, Director	5	1					Γ	0	0	(
Elaine Rodriguez, Director	.5	1						0	0	(
Michael A Stellato, Director	.5	1						0	0	C
Daniel Angelis, Director	.5	1						0	0	C
Danielle Cassidy, Director	.5	1						0	0	0
Sarah Chirau, Director	5	1						0	0	(
Nancy Cortes, Director	5	1						0	0	(
Lizabeth Fox, Director	5							0	0	. 0

Part VII

	(A)	(B)	l		-	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	comp fro orga	timated to the count of the count of the country and the count	of ion e on ed
Bry	an D, Jow, Director	.5	1						o	0			0
Alex	andra Milspaw, Director	.5	,						0	0			0
Hole	ona LeAnne Ochs, Director	.5				ļ			0	0		_	
			1						-				
													_
											-		
			_										
1b	Total			<u>. </u>		<u> </u>			76,041	0			0
2	Total number of individuals (including but in reportable compensation from the organization)		to th	ose	list	ed a	above	e) w	ho received mi	ore than \$100,0	00 in		
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest of	compensated	3		1
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	oen:	sation						
	the organization and related organizations individual										4		-
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen	satı	on	from	any	unrelated ord	anization for	5		✓
Sec	ction B. Independent Contractors									·	1 4 1		<u> </u>
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed ind	lepe	ende	ent (contra	acto	ors that receive	d more than \$1	00,000	of	
	(A) Name and business add	dress							(B) Description of s	services	(C Compe		1
					_								
								╁			 		
2	Total number of independent contractors (more than \$100,000 in compensation from	including b	ut no	t lim	nited	d to	those	e list	ted above) who	received			

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

Form 9			venue		(A)	(B)	(0)	Page S
					Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1	а				
g a		Membership dues	<u> </u>	b]			
ag,		Fundraising events .	<u> 1</u>	С]			
를 열	d	Related organizations	<u> 1</u>					
Si Si	е	Government grants (contri	butions). 1	e 2,268,751				
ĕ Ĕ	f	All other contributions, gifts, g		_				
물형		and similar amounts not inclu-						
Contributions, gifts, grants and other similar amounts		Noncash contributions include Total. Add lines 1a–1f	d in lines 1a-1f: \$	3 ▶	2,272,872			
e			<u></u>	Business Code		_	_	
ven	2a					<u> </u>		
æ	b							
Š	C					<u> </u>		
Se	d							<u> </u>
Ta E	e	All all and an area area.		-				<u> </u>
Program Service Revenue	ı	All other program service Total. Add lines 2a-2f	ce revenue			_		
		Investment income (inc			_			
	•	other similar amounts)			229			
	4	Income from investment o						
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal]			
	6a	Gross Rents]			
		Less: rental expenses			<u> </u>			
		Rental income or (loss)				-		
	d	Net rental income or (lo		<u> ▶</u>			ļ	
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(II) Other	-			
	b	Less: cost or other basis						
	١.	and sales expenses .			†			
		Gain or (loss) Net gain or (loss)					<u> </u>	
ē	i	Gross income from	fundraising					-
ē		events (not including \$						
ě		of contributions reported	d on line 1c).					
<u>-</u>		See Part IV, line 18		_				
Other Revenu	p	Less: direct expenses Net income or (loss) fro	 m fundraisin	b∟ a events . ▶			1	
	l			g events P	<u> </u>			
	9a	Gross income from gam See Part IV, line 19		9				
	Ь	Less. direct expenses.			1			
		Net income or (loss) fro						
	10a	Gross sales of inve	entory, less					
		returns and allowances	-		_			
	b	Less: cost of goods so				•		
	С	Net income or (loss) from						
		Miscellaneous Rev	enue	Business Code	<u>.</u>		1	
	11a							
	b						 	
	C						1	
		All other revenue					+	+
		Total. Add lines 11a-1			0.070.404	<u> </u>	+	_
	<u> 112</u>	Total revenue. See ins	structions.	<u> </u>	2,273,101			

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are not	required to comp	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,884,789	1,884,789		
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	76,041	76,041	 -	:
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	182,617	182,617		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,642	11,642		
9	Other employee benefits	32,514	30,649	1,865	
10	Payroll taxes	19,787	19,787		
11	Fees for services (non-employees):		-, -;	,	
	Management				
b	Legal	5,158	E 150		
С	Accounting	3,136	5,158		
d	Lobbying				·
е	Professional fundraising services. See Part IV, line 17				
f	investment management fees	168		168	
g	Other				
12	Advertising and promotion				
13	Office expenses	10,625	10,204	421	
14	Information technology	1,898	1,898		
15			,		
	-	23,405	22,655	750	
16	Occupancy	6,029	6,027	2	
17	Travel	0,023	0,021	<u>-</u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2.120			
19	Conferences, conventions, and meetings .	8,154	6,701	1,453	
20	Interest	118		118	
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization.	2,256		2,256	
23	Insurance	3,559	3,559		
24	Other expenses. Itemize expenses not				1
24	covered above. (Expenses grouped together		1		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Staff development	1,029	1,029		
a b	Memberships and Dues	1,035	1,035		
_		1,000	.,,555		
C		 			
d					
е		 			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,270,824	2,263,791	7,033	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	408,719	1	72,853
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	202,496	4	220,978
	5	Receivables from current and former officers, directors, trustees, key			·
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		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		6	
2	7	Notes and loans receivable, net		7	· · ·
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	5,841	9	5,862
	10a	Prepaid expenses and deferred charges			0,002
	.00	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 102,988	4,861	10c	7,565
	11	Investments—publicly traded securities		11	<u>,</u>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	621,917		307,258
	17	Accounts payable and accrued expenses	546,497	_	229,561
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ā	_	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	··· ···
	26	Total liabilities. Add lines 17 through 25	546,497		229,561
es		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			====
Ę			74,302	27	76,132
<u>a</u>	27	Unrestricted net assets	1,118	28	1,565
8	28	Temporarily restricted net assets	1,110	29	1,303
Š	29	Permanently restricted net assets		25	
or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		_	
ets	30	Capital stock or trust principal, or current funds	 	30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	621,917	_34	307,258

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	L		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	b Were the organization's financial statements audited by an independent accountant?			
C	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 ☐ 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	✓_	
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	✓	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number **AIDSNET** 2755276 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) R A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗆 Type I **b** ☐ Type II c Type III-Functionally integrated **d** ☐ Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col organization (described on lines 1-9 in col (i) listed in your the organization in support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? 1152

Total

Par	t II Support Schedule for Org	anizations D	escribed in	Sections 170	(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	(Complete only if you check	ked the box o	on line 5, 7, o	r 8 of Part I.)			7. 77
Sec	tion A. Public Support		-		-	-	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2,007,948	1,950,416	2,045,050	2,195,746	2,272,872	10,472,032
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			1			
4	Total, Add lines 1 through 3	2,007,948	1,950,416	2,045,050	2,195,746	2,272,872	10,472,032
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)						
6	Public support. Subtract line 5 from line 4.	<u></u>					
	tion B. Total Support	(-) 0005	(h) 0000	(-) 0007	(4) 0000	() 2000	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,007,948	1,950,416	2,045,050	2,195,746	2,272,872	10,472,032
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,052	1,259	959	350	229	3,849
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 .						10,475,881
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	-		d, third, fourth,	•		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2009 (line					14	100 %
15	Public support percentage from 2008 Sci	hedule A, Part I	l, line 14 .			15	100 %
16a	331/3 % support test—2009. If the organiand stop here. The organization qualifies						
b	331/3 % support test - 2008. If the organi box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	109. If the organi acts-and-circun	ization did not d nstances" test,	heck a box on the	line 13, 16a, or and stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and if the organization meets the "facts-and-circumstances" test—2008 more, and the organization meets the "facts-and-circumstances" test—2008 more, and the organization meets the "facts-and-circumstances" test—2008 more more more more more more more more	facts-and-circum	stances" test, c	heck this box a	and stop here.	Explain in Part	IV how the
18	Private foundation. If the organization did		-		•	-	

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.)

	(Complete only if you checke	d the box o	n line 9 of Pa	rt I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u>-</u>					
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	· <u>-</u>					
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b					-	
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.)			-1 11-11			501()(0)
14	First five years. If the Form 990 is for organization, check this box and stop	here					on 501(c)(3) ► □
	tion C. Computation of Public Su	•		40	(6)	45	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			•	` ''	15	<u>%</u>
16 Sec	tion D. Computation of Investmen				<u> </u>	16	%
				d by less 40 =	olume (A)	17	
17 10	Investment income percentage for 200 Investment income percentage from 20			-	,	18	
18							
19a	17 is not more than 331/3 %, check this b						
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	nzation did not	check a box of	n line 14 or line	19a, and line 1	6 is more than	33/3 %, and
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this b	ox and see ins	tructions ▶ □

	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See	Part II, line 10; ee instructions.
		•
	······································	
		·
•••••		
		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

AIDSNET

Employer identification number
23 : 2755276

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete in the organization answered "Yes" to Form 990, Part IV, line 6.

1 (4)	the organization answered "Yes" to	o Form 990. Part IV. line 6.	ir runus or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	
2	Aggregate contributions to (during year)		
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	onor advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal	control? Yes . No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor ad	visor, or for any other
Pai	rt II Conservation Easements. Comple	te if the organization answered "Ve	s" to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held b		••
	Preservation of land for public use (e.g., r		ation of an historically important land area
	☐ Protection of natural habitat	☐ Preserva	ation of a certified historic structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year.	on neid a qualified conservation contri	bution in the form of a conservation
	easement on the last day of the tax year.		Hold at the Ford of the Ton Year
			Held at the End of the Tax Year
a			
b	· · · · · · · · · · · · · · · · · · ·		
C			! = . !
a			
3	Number of conservation easements modified the tax year ▶	, transferred, released, extinguished, o	or terminated by the organization during
4	Number of states where property subject to	conservation easement is located >.	
5	Does the organization have a written policy reviolations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, i ▶\$	inspecting, and enforcing conservation	n easements during the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservation	text of the footnote to the organization	
Pa	art III Organizations Maintaining Collection		or Other Similar Assets
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote		
b	If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to the	eld for public exhibition, education, or	
	(i) Revenues included in Form 990, Part VIII,	, line 1	• \$
	(ii) Assets included in Form 990, Part X .		
2	If the organization received or held works of following amounts required to be reported up	f art, historical treasures, or other sin	nilar assets for financial gain, provide the
а		-	
b			
_	- · · · · · · · · · · · · · · · · · · ·		

Sched	ule D (Form 990) 2009					Page 2
	t III Organizations Maintain	ing Collections	of Art, Historica	l Treasures, or C	Other Similar Ass	
3	Using the organization's acquisition collection items (check all that appl	, accession, and c				
a b	Public exhibition Scholarly research	•		oan or exchange pather	orograms	
С 4	Preservation for future general Provide a description of the organiz Part XIV.		s and explain how	they further the c	organization's exer	npt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do r than to be mainta	onations of art, hist lined as part of the	orical treasures, or organization's col	other similar lection?	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an	rrangements. C	omplete if the or	ganization answe		
	Is the organization an agent, truster included on Form 990, Part X?				r other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the followin	g table:		ount
c	Beginning balance			10		Odrit
	Additions during the year			—		
	Distributions during the year					
f	Ending balance			l		
b	Did the organization include an am If "Yes," explain the arrangement in	Part XIV.	<u> </u>			Yes No
Par	t V Endowment Funds. Co					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance					
	Contributions					
d	Grants or scholarships					
	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance					
	Provide the estimated percentage of Board designated or quasi-endown Permanent endowment ▶	nent ▶ %				
3a	Are there endowment funds not in the organization by:	ne possession of th	ne organization tha	it are held and adr	ninistered for the	Yes No
	- Till					3a(i)
į.	(ii) related organizations					3a(ii)
4	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u	anizations listed a ses of the organiz	is required on Sch ation's endowmei	nedule R? nt funds.		3b
	t VI Investments—Land, Bu				line 10	
	Land Land, D			<u> </u>		

The describe in Fart AIV the interface uses of	the organization s en	downlent funds.		
Part VI Investments—Land, Building	gs, and Equipment	. See Form 990, Pa	art X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
d Equipment		110,553	102,988	5,862
Total. Add lines 1a through 1e. (Column (d) must e		column (B), line 10(c).	.)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	ule D (Form 990) 2009		Page 4
ar	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Stater	nents
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,273,101
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,270,824
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,277
ļ	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
;	Investment expenses	6	0
7	Prior period adjustments	7	0
3	Other (Describe in Part XIV.)	8	0
•	Total adjustments (net). Add lines 4 through 8	9	0
)	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,277
ar	Reconciliation of Revenue per Audited Financial Statements With Revenue	ie be	
l	Total revenue, gains, and other support per audited financial statements	. 1	2,273,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	0	
b	Donated services and use of facilities	0	
C	Recoveries of prior year grants	0	
d	Other (Describe in Part XIV.)	0	
е	Add lines 2a through 2d	. 2	e 0
3	Subtract line 2e from line 1	. 🔼	2,273,101
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	
b	Other (Describe in Part XIV.)	0 _	
C	Add lines 4a and 4b	. 4	c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2/2/0/101
ar	t XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ses	
1	Total expenses and losses per audited financial statements	. _1	2,270,824
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	0	
b	Prior year adjustments	0	
C	Other losses	0	
d	Other (Describe in Part XIV.)	0	
е	Add lines 2a through 2d	. —	e 0
3	Subtract line 2e from line 1	. ∟3	3 2,270,824
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_0	
b	Other (Describe in Part XIV.)	0	
	Add lines 4a and 4b	. 4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. :	5 2,272,824
	t XIV Supplemental Information		<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 41	o. Also complete
115	part to provide any additional information.		
			• • • • • • • • • • • • • • • • • • • •
		-	
			• • • • • • • • • • • • • • • • • • • •

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
	······································	
• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		•••••

		•
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

2755276 23 **2** □

Name of the organization **AIDSNET**

Assistance	
n on Grants and Assistance	
nation on	
l Inform	
Genera	
Part	

- ☑ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Activities Office of the Lehl Valley Hospital 17th & Chew Stre	23-1689692		645,413				HIV care and Prever
AIDS Services Center at St Lukes Hospital 641 E. Broad Street, Be	23-1352213	i	382,104				HIV care and Prever
Co-County Wellness Services 429 Walnut Street, P O. Box 8626	23-2657264		618,876				HIV care and Prever
Carbon-Monroe-Pike Drug & Alco	23-2389101		132,988				HIV care and Prever
Casa Guadalupe 143 Linden Stre Allentown, PA 18101	23-1988203		11,441				HIV Prevention serv
Keystone Rural Health Center 755 Norland Ave., Ste. 200, Chan	25-1546810		28,355				HIV Prevention serv
Latinos for Healthy Communities 716 Chew Street, Allentown, PA,	23-2143569		53,689				HIV Prevention serv
The PROGRAM for Women and F 1030 Walnut Street, Allentown, P	22-2731797		11,925				HIV Prevention serv
2 Enter total number of section 501(c)(3) and government organizations	1(c)(3) and govern	ment organizations				•	8

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants al

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
nformation. Complete	this part to pr	ovide the informatic	on required in Part	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	additional information.
	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1		• • • • • • • • • • • • • • • • • • •			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
					Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

Name of the organization

AIDSNET

Employer identification number 23 2755276

Part VI Section B Question 12c
The conflict of interest policy is monitored bi-monthly at full board of directors meetings. There is a standing agenda item
to ask all members to disclose any changes that might be considered a conflict. Any disclosures are addressed and
voted on by members of the board.
Part VI Section A Question 10
The 990 is reviewed by members of the executive committee prior to submission. Any questions or changes are made
prior to its completion and submission.
Part VI Section B Question 15
AIDSNET has established a pay scale used to determine the range of pay for all employees including the Executive Directo
The rate of pay per position is based on the total funding available, and surveys and studies of like positions in the
same geographic area. When a new Executive Director is hired, the selection committee determines the rate of pay
within the scale, based on their determination of the experience level of the new hire. Any subsequent increases are
proposed by the executive committee and approved by the board of directors.
Part VI Section C Question 19
AIDSNET discloses any policies upon request. The agency prepares an annual plan which includes the by-laws.
This plan is presented to the public in an annual meeting and distributed upon request and is available on its website.
AIDSNET announces when the 990 is available for public view.
······································

FINANCIAL STATEMENTS AND AUDITORS' REPORT

AIDSNET

JUNE 30, 2010

AIDSNET

JUNE 30, 2010

CONTENTS

	Page (s)
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4
Statements of Cash Flows	5
Statements of Functional Expenses	6
Notes to the Financial Statements	7 - 11
Supplementary Information	
Schedule of Expenditures of Federal Awards	13
Notes to the Schedule of Expenditures of Federal Awards	14
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	15 - 16
Independent Auditors' Report on Compliance with Requirements that Could Have a Direct and Material Effect on Each Major Program and on Internal Control over Compliance	
in Accordance with OMB Circular A-133	17 - 18
Schedule of Findings and Ouestioned Costs	19 - 20

FRANCE, ANDERSON, BASILE and COMPANY, P.C. CERTIFIED PUBLIC ACCOUNTANTS

903 Chestnut Street Emmaus, Pennsylvania 18049 610-967-1200 610-966-6669 Fax Members: American Institute of Certified Public Accountants Pennsylvania Institute of

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors AIDSNET Bethlehem, Pennsylvania

We have audited the accompanying statements of financial position of AIDSNET (A Not-for-Profit Corporation) as of June 30, 2010 and 2009, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AIDSNET as of June 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated October 28, 2010, on our consideration of AIDSNET's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements of AIDSNET taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects in relation to the basic financial statements taken as a whole.

France, Anderson, Basile + Company, P.C.

Emmaus, Pennsylvania October 28, 2010

AIDSNET STATEMENTS OF FINANCIAL POSITION

			e 30,	
ASSETS		2010		2009
Current Assets	ď	70.050	œ.	400 710
Cash and Cash Equivalents Grants Receivable	\$	72,853 220,978	\$	408,719 202,496
Prepaid Expenses & Deposits		5,862		5,841
•		· .		-
TOTAL CURRENT ASSETS		299,693		617,056
Property and Equipment (Net of				
Accumulated Depreciation)		7,565		4,861
TOTAL ASSETS	\$	307,258	\$	621,917
LIABILITIES & NET ASSETS				
Current Liabilities				
Accounts Payable	\$	224,345	\$	540,918
Accrued Expenses		5,216		5,579
TOTAL CURRENT LIABILITIES		229,561		546,497
TOTAL LIABILITIES		229,561		546,497
Net Assets				
Unrestricted:				
Undesignated		68,567		69,441
Equity in Property and Equipment		7,565		4,861
Total Unrestricted Net Assets		76,132		74,302
Temporarily Restricted		1,565		1,118
TOTAL NET ASSETS		77,697		75,420
TOTAL LIABILITIES AND NET ASSETS	\$	307,258	\$	621,917

The accompanying notes are an integral part of the financial statements.

AIDSNET STATEMENTS OF ACTIVITIES

	·	Year Ended June 30, 2010	010		Year Ended June 30, 2009	600
	Unrestricted	Temporarily Restricted	Total June 30, 2010	Unrestricted	Temporarily Restricted	Total June 30, 2009
Public Support and Revenue						
Federal grants State grants Contributions Interest income Net assets released from restrictions	\$ 1,713,050 555,701 2,221 229 1,453	1,900	\$ 1,713,050 555,701 4,121 229	\$ 1,560,329 632,043 3,024 350 250	\$	\$ 1,560,329 632,043 3,024 350
Total Public Support and Revenue	2,272,654	447	2,273,101	2,195,996	(250)	2,195,746
Expenses						
Program: HOPWA Doet B. Doet White	471,997		471,997	459,691	1 1	459,691
Part B - Ryan White QM State 656	119,553	1 1	119,553 554,403	631,465	1 1	631,465
Total Program Expenses	2,263,791	ı	2,263,791	2,189,052	ı	2,189,052
Supporting services: Management and general	7,033	'	7,033	2,921		2,921
Total Expenses	2,270,824	•	2,270,824	2,191,973		2,191,973
Change in Net Assets	1,830	447	2,277	4,023	(250)	3,773
Net Assets at Beginning of Year	74,302	1,118	75,420	70,279	1,368	71,647
Net Assets at End of Year	\$ 76,132	\$ 1,565	\$ 77,697	\$ 74,302	\$ 1,118	\$ 75,420

The accompanying notes are an integral part of the financial statements.

AIDSNET STATEMENTS OF CASH FLOWS

	Years Ende	ed Jun	e 30,
	2010		2009
Cash Flows from Operating Activities			
CHANGE IN NET ASSETS	\$ 2,277	\$	3,773
Adjustments to Reconcile Change in Net Assets to Net Cash from Operating Activities:			
Depreciation and Amortization	2,256		2,361
(Increase) Decrease in Grants Receivable	(18,482)		(24,715)
(Increase) Decrease in Prepaid Expenses and Deposits	(21)		(3,380)
Increase (Decrease) in Accounts Payable	(316,573)		355,259
Increase (Decrease) in Other Liabilities	(363)		(3,840)
Net Cash Provided by (Used by) Operating Activities	 (330,906)		329,458
Cash Flows from Investing Activities			
Capital Purchases	 (4,960)		(3,319)
Net Cash Used by Investing Activities	 (4,960)		(3,319)
Cash Flows from Financing Activities			
Net Borrowings on Line of Credit			
Net Cash Provided by Financing Activities	 <u>-</u>		
Net Increase (Decrease) in Cash and Cash Equivalents	(335,866)		326,139
Cash and Cash Equivalents at Beginning of Year	 408,719		82,580
Cash and Cash Equivalents at End of Year	\$ 72,853	\$	408,719
Supplemental Disclosures of Cash Flow Information			
Interest Paid During the Year	\$ 118	\$	23

The accompanying notes are an integral part of the financial statements.

AIDSNET STATEMENTS OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2010

2010	320,736 ,884,789 63,043 2,256	2,270,824
Total June 30, 2010	1,88	2,27
r]	€	⇔
Management & General	4,777	7,033
<u> </u>	↔	↔
Total Program	320,736 1,884,789 58,266	2,263,791
	∽	∽
State 656	104,116 432,169 18,118	554,403
	↔	↔
Part B Ryan White QM	106,260	119,553
Ryar	↔	⇔
Part B Ryan White	68,713 1,033,394 15,731	\$ 1,117,838
8	↔	
HOPWA	41,647 419,226 11,124	471,997
11	∽	↔
	Salaries, wages and benefits Program services Operating expenses Depreciation	TOTAL EXPENSES

YEAR ENDED JUNE 30, 2009

				Part B	ď	Part B				Total	Man	Management		Total
	_	HOPWA	Ry	Ryan White	Ryan V	tyan White QM	S	State 656	_	Program	S& C	& General	Jun	June 30, 2009
Salaries, wages and benefits	\$	39,754	⇔	161,507	\$		\$9	107,216	69	308,477	\$	1	↔	308,477
Program services		408,929		901,534		1		506,402		1,816,865		1		1,816,865
Operating expenses		11,008		34,855		1		17,847		63,710		260		64,270
Depreciation		ı		•		•		•		•		2,361		2,361
TOTAL EXPENSES	↔	459,691	↔	\$ 1,097,896	\$,	⇔	631,465	↔	2,189,052	\$	2,921	∽	2,191,973

The accompanying notes are an integral part of the financial statements.

AIDSNET NOTES TO THE FINANCIAL STATEMENTS .IUNE 30. 2010 and 2009

NOTE 1 Summary of Significant Accounting Policies

Nature of Activities

AIDSNET, a private, non-profit organization, is one of seven federally mandated HIV/AIDS coalitions in Pennsylvania. It was founded in 1991 on the premise that the best way to contain the HIV pandemic is through regional strategy. With an annual budget of approximately \$2 million, AIDSNET subcontracts with agencies throughout Berks, Carbon, Lehigh, Monroe, Northampton and Schuylkill counties. AIDSNET is responsible for the development of a comprehensive continuum of prevention and care services and acts as the fiscal agent for Federal Part B of the Ryan White HIV/AIDS Treatment Modernization Act and Housing Opportunities for People with AIDS (HOPWA), State 656 and other HIV/AIDS-related funding. The organization's efforts are aimed at both stopping the spread of HIV infection and providing medical and social services to those who have been infected.

Financial Statement Presentation

The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions. In addition, the Organization is required to present a statement of cash flows.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Cash Equivalents

Cash equivalents consist of short-term, highly liquid investments with an initial maturity of three months or less. Fair value approximates carrying amounts.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. Current temporarily restricted net assets are available for consumer and prevention activities.

NOTE 1 Summary of Significant Accounting Policies (Continued)

Property and Equipment

Property and equipment is stated at cost or at estimated fair value at the date of gift. Donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. In accordance with Pennsylvania Department of Health policies, the Organization capitalizes fixed assets with an original cost over \$1,000. Depreciation is provided using the straight-line method over the estimated lives of the assets, which range from three to five years.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Donated Materials and Services

Donated materials and equipment are reflected as contributions in the accompanying statements at their estimated values at the date of receipt. The Organization receives donated services from a variety of unpaid volunteers. No amounts have been recognized in the accompanying statement of activities because the criteria for recognition of such volunteer effort have not been satisfied.

Income Taxes

The Organization is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code and therefore has made no provision for federal income taxes in the accompanying financial statements. In addition, the Organization has been determined by the Internal Revenue Service not to be a "private foundation" within the meaning of Section 509(a) of the Internal Revenue Code. There was no unrelated business income for the years ended June 30, 2010 and 2009, respectively.

NOTE 2 Property and Equipment

Property and equipment consist of the following as of June 30, 2010 and 2009:

	<u>6</u>	<u>/30/2010</u>	<u>6/</u>	30/2009
Furniture & Equipment	\$	100,350	\$	95,390
Computer Software		10,203		10,203
		110,553		105,593
Less: Accumulated Depreciation		102,988		100,732
	\$	7,565	\$	4,861

Depreciation charged to expense was \$ 2,256 and \$ 2,361 for the years ended June 30, 2010 and 2009, respectively.

NOTE 3 Line of Credit

The Organization has an unsecured bank line of credit available up to a maximum credit limit of \$ 100.000. As of June 30, 2010 and 2009, there were no outstanding balances. Interest paid totaled \$ 118 and \$ 23 for the years ended June 30, 2010 and 2009, respectively.

NOTE 4 Leases

The Organization leases office space from the American Red Cross of the Greater Lehigh Valley. The lease term extends through September 30, 2011.

The total minimum rental commitments are as follows:

Year ended June 30,	2011	\$ 23,115
	2012	5,808

NOTE 5 Concentration of Credit Risk

The Organization maintains cash balances, which may exceed federally insured limits, but it historically has not experienced any credit related losses.

NOTE 6 Retirement Plan

AIDSNET offers a simplified-employee pension/individual retirement account (SEP/IRA) and a tax-deferred annuity plan (TDA) to all eligible full-time employees. AIDSNET contributes five-percent of eligible employees' salaries to the SEP/IRA. The employee pays TDA retirement contributions. AIDSNET contributed \$11,642 and \$10,131 for the years ended June 30, 2010 and 2009, respectively.

NOTE 7 Commitments and Contingencies

AIDSNET receives a substantial amount of its revenue from the Pennsylvania Department of Health. For the years ended June 30, 2010 and 2009, this represented 99% of the total revenue of the Organization. A reduction in this level of funding may have an effect on the Organization's programs and activities.

NOTE 8 Restrictions on Net Assets

Temporarily restricted net assets represent privately contributed funds restricted for consumer and prevention activities.

NOTE 9 Fair Value of Financial Instruments

Financial Instruments

The following methods and assumptions were used by the Organization in estimating its fair value disclosures for financial instruments:

 Cash, cash equivalents, and grants receivable: The carrying amounts reported in the statement of financial position approximate fair values because of the short maturities of those instruments.

The estimated fair values of the Organization's financial instruments as of June 30, 2010, are as follows:

	June 3	0, 20	10	 June 30	0, 20	09
	Carrying Amount	_F	air Value	Carrying Amount	F	air Value
Financial assets: Cash and cash equivalents Grants receivable	\$ 72,853 220,978	\$	72,853 220,978	\$ 408,719 202,496	\$	408,719 202,496

NOTE 10 Subsequent Events

Subsequent events have been evaluated through October 28, 2010, which was the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDED JUNE 30, 2010

Federal Grantor/ Pass-through Grantor/ <u>Program Title</u>	Federal CFDA Number	Federal CFDA Pass-Through Number Grantor's Number	Program/ Award Amount	Accrued Revenue 7/1/2009	Total Received This Year	Revenue Recognized	Revenue Recognized Expenditures	Ac Re	Accrued Revenue 6/30/2010
U. S. Department of Health & Human Services Passed through PA Dept. of Health: HIV Care Formula Grants - Part B - Ryan White HIV/AIDS Treatment Modernization Act	<u>s</u> 93.917	4100038905	\$ 1,287,501 \$		\$ 1,224,274	\$ 1,240,617	68,983 \$ 1,224,274 \$ 1,240,617 \$ 1,240,617 \$	€	85,326
U. S. Department of Housing & Urban Development Passed through PA Dept. of Health: HOPWA 14.24	<u>pment</u> 14.241	4100038905	489,814	79,813	438,434	472,432	472,432 \$ 113,811	69	113,811
TOTAL EXPENDITURES OF FEDERAL AWARDS	WARDS		\$ 1,777,315	\$ 148,796	\$ 1,662,708	\$ 1,713,049	\$ 1,777,315 \$ 148,796 \$ 1,662,708 \$ 1,713,049 \$ 1,713,049 \$ 199,137	⇔	199,137

AIDSNET NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDED JUNE 30, 2010

NOTE 1 Summary of Significant Accounting Policies

Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of AIDSNET and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of the basic financial statements.

FRANCE, ANDERSON, BASILE and COMPANY, P.C. CERTIFIED PUBLIC ACCOUNTANTS

903 Chestnut Street Emmaus, Pennsylvania 18049 610-967-1200 610-966-6669 Fax Members American Institute of
Certified Public Accountants
Pennsylvania Institute of
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors AIDSNET Bethlehem, Pennsylvania

We have audited the financial statements of AIDSNET (A Not-for-Profit Corporation) as of and for the year ended June 30, 2010, and have issued our report thereon dated October 28, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

In planning and performing our audit, we considered AIDSNET's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of AIDSNET's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the organization's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether AIDSNET's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to the management of AIDSNET in a separate letter dated October 28, 2010.

This report is intended solely for the information and use of the Board of Directors, management, others within AIDSNET and federal awarding agencies and pass-through entities and is not intended to be and should not be used by any one other than these specified parties.

France, Anderson. Basile + Company, P.C.

Emmaus, Pennsylvania October 28, 2010

FRANCE, ANDERSON, BASILE and COMPANY, P.C. CERTIFIED PUBLIC ACCOUNTANTS

903 Chestnut Street Emmaus, Pennsylvania 18049 610-967-1200 610-966-6669 Fax Members. American Institute of Certified Public Accountants Pennsylvania Institute of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors AIDSNET Bethlehem, Pennsylvania

Compliance

We have audited AIDSNET's compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of AIDSNET's major federal programs for the year ended June 30, 2010. AIDSNET's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of AIDSNET's management. Our responsibility is to express an opinion on AIDSNET's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about AIDSNET's compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of AIDSNET's compliance with those requirements.

In our opinion, AIDSNET complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ending June 30, 2010.

Internal Control Over Compliance

Management of AIDSNET is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered AIDSNET's internal control over compliance with the requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of AIDSNET's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, others within AIDSNET, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

France, Anderson. Basile + Company, P.C.

Emmaus, Pennsylvania October 28, 2010

AIDSNET SCHEDULE OF FINDINGS & QUESTIONED COSTS YEAR ENDED JUNE 30, 2010

SECTION I - SUMMARY AUDITOR'S RESULTS

Financial Statements

Type of auditors' report issued:

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

Reportable condition(s) identified

not considered to be material weaknesses?

Noncompliance material to financial

Statements noted?

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

Reportable condition(s) identified not

considered to be material weaknesses?

Type of auditors' report issued on compliance

For major programs: Unqualified

Any audit findings disclosed that are required to be reported

in accordance with Circular A-133, Section .510(a)?

CFDA No. Name of Federal Program

14.241 HOPWA

93.917 HIV Care Formula Grants

Dollar threshold used to distinguish

between Type A and Type B programs: \$300,000

Auditee qualified as a low risk auditee? YES

AIDSNET SCHEDULE OF FINDINGS & QUESTIONED COSTS (Continued) YEAR ENDED JUNE 30, 2010

SECTION II - FINANCIAL STATEMENT FINDINGS

NONE

SECTION III - FEDERAL AWARD FINDINGS AND QUESTION COSTS

NONE

SUMMARY OF PRIOR AUDIT FINDINGS

NONE