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Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

		the Treasury		assets less than \$ ► The organization may have to	1,250,000 at the end of the use a copy of this return			nents		Inspe	ection
A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30						0	, 20 10				
_		applicable	Piease	C Name of organization				D Emp	loyer iden		number
	Address	change	use IRS tabel or	Hillel at the University of	of Vermont			8	1 055	4021	
	Name ch	-	print or	Number and street (or P O box		street address)	Room/suite	E Tele	phone num	ber	
H	Initial retu Terminat		type. See	461 Main Street				80	02 65	6-1145	
H	Amended		Specific Instruc-	City or town, state or country, a	nd ZIP + 4		1	F Gro	up Exem	otion	
Ħ		on pending	tions	Burlington VT 05405					nber ►		736
=	• Sec	tion 501/c)/3)	organiz	ations and 4947(a)(1) nonex	emnt charitable trus	te must attach	G Accou			Cash	✓ Accrual
	- 000	11077 30 7(0)(0)		npleted Schedule A (Form 9		is must attach	I	(specify		_ 045.1	<u> </u>
				· · · · · · · · ·	<u> </u>		H Check			anization	is not
	Websi	te· b www	.uvmhi	illel.org/			l l		_		Form 990,
				nly one) — 🗹 501(c) (3) ◀		(a)(1) or 52	— ı ·	Z, or 99) d olobo	Om 000,
	Check I			zation is not a section 509(a)(3		· //				than \$25	5 000 A
				turn is not required, but if the							,,000 A
				9 to determine gross receipts,					• \$		190,244
	art I			enses, and Changes in						or Part	
	1			s, grants, and similar amo	***************************************				1		190,244
	2		-	evenue including governm					2		,
	3	_		and assessments					3		
	4	Investment	•					• •	4		
	5a			m sale of assets other than	n inventory	5a		• •			
	Ь			r basis and sales expense	•						
	C			sale of assets other than			ne 5a)		5c		
ē				ivities (complete applicable parts	7 .		•		- JC		
e	а			ot including \$	of contrib	_	ing, check here				
Revenue	"	reported or				1 1					
Œ	ь	•		nses other than fundraising		6b					
	C			ss) from special events and	•		ino 6a)		6c		
	7a			entory, less returns and all	· ·	1 1	me oa,		00		
	, a	Less cost			owances	<u>7a</u> 7b					
	C		-	ss) from sales of inventory	(Subtract line 7b fro				7c		
	8	Other rever			(Subtract line 75 iio	in ine raj .			8		
	9		-	dd lines 1, 2, 3, 4, 5c, 6c, 7				<u>—' </u>	9	***	190,244
	10			amounts paid (attach sch			· · · ·		10		130,244
	11				edule)				11		
S	12	Salarios of		(formembers)	honofito	• • •			12		124,375
enses	13	Profession	al fooe	and other navments to and	opendent centracte			•	13		225
ě		Occupanci	. roht 1	and other payments to ind utilities, and maintenance	spendent contractor			• •			
Exp	15	Printing	iblicatio	ons, postage, and <u>shi</u> pping					15		120
	16	Other evne	nees (d				-		16		74,894
	17	Total expe	nees (Add-lines-10-through 16			Sche	<u> </u>	17		199,614
	18			for the year (Subtract line					18		(9,370)
Net Assets	19			d balances at beginning of					10		(3,370)
\ss	'			reported on prior year's re				*****	19		37,041
ž A	20	-	-	net assets or fund balance	•			ule 2	20		392
ž	21		_	balances at end of year. (•	•			21		28,064
Ð	art II			ts. If Total assets on line 2			nore file For	m 990		of Form	
		Dalarioo	5.100	(See the instructions for		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inning of		(B) End	
00	. ^-	ob courses	ond	·	•				` +	(5) 210	
22				vestments				ა	,571 22	 	27,201
23 24		nd and build	_				·		470 04		
		•		Equipment/ Prepaid			-		,470 24		863
25		ital assets . Ital liabilities					`,	3/	,041 25		28,064
26 27				alances (line 27 of column	(R) must sares with	line 21\	-'	~~	0 26	+	0
~!	146	r acces of		managa (mic 27 oi coidi)iii	(D) Indat agree Will	1 m 10 2 1) .		J/	,041 27	l .	28,064

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Par	Statement of Program Service Accord	nplishments (See the instr	ructions for Part I	II.)	T	Expenses		
Wha	t is the organization's primary exempt purpose?			· · · · · · · · · · · · · · · · · · ·		ired for section		
	ribe what was achieved in carrying out the or			ind concise)(3) and 501(c)(4) izations and section		
	manner, describe the services provided, the number of persons benefited, and other relevant information for							
each	program title.				for ot	a)(1) trusts, optional hers)		
28	Provided in excess of 90 programs to an estin	nated 800 students over 12	2 months.					
	Programs provided ranged from cultural prog	rams to religious and soci	al action progran	ns.				
	Long term objective is to engage 2000 studen	ts in Jewishly meaningful	programs and ac	tivities.				
	(Grants \$ 0) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	28a	125,842		
29	Planned and executed Alternative Service Bre	eak (ASB) to Israel and Nev	v Orleans for 27 s	students.				
	Fifteen students went on an ASB to New Orlea							
	The objective is to immerse students in a serv	ice experience as well as	Jewish education	n.]			
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	29a	13,983		
30								
	(Grants \$) if this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amount	t includes foreign grants, ch	eck here	. ▶ 🗀	31a			
32	Total program service expenses (add lines 28a	through 31a)	<u> </u>	>	32	139,825		
Part	IV List of Officers, Directors, Trustees, and Ke		ven if not compensa	ated. (See the	ınstruc	tions for Part IV.)		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and		
		devoted to position	enter -0)	deferred comper		other allowances		
	an Leff	Executive Director- 40						
	Main Street, Burlington VT 05405	Hours #	44,859	4	,128			
	es Roblin	President- 3 Hour			ĺ			
	Main Street, Burlington VT 05405		0		0			
	hell Knisbacher	Vice President- 3 Hour			1			
	Main Street, Burlington VT 05405		0	ļ	0			
	ael Rosenberg	Board Member- 1 Hour	_		_ [
	Main Street, Burlington VT 05405		0		0			
	an Hasazi	Board Member- 1 Hour						
	Main Street, Burlington VT 05405 kie Block		0		0			
	Main Street, Burlington VT 05405	Board Member- 1 Hour	•	ļ				
	nam Street, Burnington V 1 03403		0		0			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	22	Yes	No
34	description of each activity	33		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	-	-2 a	V
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		\
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			ž.,
b	Did the organization file Form 1120-POL for this year?	37b		\
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	neiman.	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			*
39	Section 501(c)(7) organizations. Enter	l .		Sa.
а	Initiation fees and capital contributions included on line 9	32	,	
b	Gross receipts, included on line 9, for public use of club facilities			* *
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	. ,	- 48 -	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	7. 7. 2. 2. 3.		. 20/2
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\
41	List the states with which a copy of this return is filed. ▶ Vermont			
42a	The organization's books are in care of ▶ Susan Leff Telephone no. ▶ 802			5
	Located at ► 461 Main Street Burlington, VT ZIP + 4 ►	054	105	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ✓
	If "Yes," enter the name of the foreign country:	**************************************	, ,	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		`	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
•	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		7 -	
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		√
		_)-F7	(2000)

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50	d section 4947(a)(1) non 947(a)(1) nonexempt cha and 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer question	II sec	tion 3–49b	 o
46	Did the organization engage in direct or indire		ities on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complet	e Schedule C, Part I			46		✓
47	Did the organization engage in lobbying activit	ties? If "Yes," complete Sch	nedule C, Part II .		47		✓_
48	Is the organization a school as described in sec				48		√
	Did the organization make any transfers to an				49a		✓
	If "Yes," was the related organization a section				49b		
50	Complete this table for the organization's five employees) who each received more than \$10						
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expension a	se nd
NONE	than \$100,000	devoted to position		deletted compensation	otnei	allowa	nces
	- -						
					-		
				'			
	•			ļ			
	Total number of other employees paid over \$1	<u> </u>	_ <u></u>	Ĺ			
	(a) Name and address of each independent contract	or paid more than \$100,000	(b) Тур	pe of service	(c) Cor	npensa	tion
NONE					_		
					_		
d	Total number of other independent contractors	s each receiving over \$100,0	000▶				
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declaration						
Sign Here	Signature of officer AMES Type or print name and title	V, Board 7	esclest	5-2-1/ Date			
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (See	ınstructı	ons)
Use On	Fund Straine (of		EIN	pne no ▶			
May the	e IRS discuss this return with the preparer show	wn above? See instructions		▶ 🖸	Yes	□ N -EZ (_

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u> HIII(</u>	el at	the Univers	sity of Vermont						81 ;		0554021	
Pai	rt I	Reasor	n for Public C	harity Status (All o	rganızatı	ons mus	st comp	lete this	part.) S	ee instru	ctions.	
The	ora	anization is r	not a private fou	ndation because it is:	(For line	s 1 throu	ah 11. cl	heck only	one box	(.)		
1			•	urches, or association	-		_	_				
2	\Box			ion 170(b)(1)(A)(ii). (A				00011011	(2)(.)(
3	\Box			hospital service orga				on 170/h	\/4\/A\/;;;\			
4				-							1)/A)/;;;) E-	tor the
7	ш		_	ation operated in con	ijunction	with a no	ospital de	escribed	iii secuoi	170(0)(1	ry(A)(III). E	iter the
_		•	ame, city, and s	***************************************								
5	ப	_	-	or the benefit of a colle	ege or un	iversity o	wnea or	operated	by a gov	/ernmenta	ii unit desc	nbea in
_	_)(b)(1)(A)(iv). (Co									
6			_	vernment or government								
7	✓.	-		ly receives a substant	•	its supp	ort from a	a governr	nental un	it or from	the genera	l public
_				(1)(A)(vi). (Complete I								
8	_		•	d in section 170(b)(1		-	-					
9	Ш			y receives: (1) more th								
				ed to its exempt fund								
				nent income and unre						1 511 tax) from bus	inesses
		acquired by	the organization	n after June 30, 1975	. See se c	ction 509	(a)(2). (C	omplete	Part III.)			
10		An organiza	tion organized a	and operated exclusive	ely to tes	t for pub	lic safety	. See se	ction 509	(a)(4).		
11		An organiza	ition organized	and operated exclusive	vely for t	he benef	it of, to	perform	the funct	ions of, o	r to carry	out the
		purposes of	one or more pu	iblicly supported orga	nızatıons	describe	d in sect	ion 509(a	a)(1) or se	ction 509	(a)(2). See s	ection
		509(a)(3). C	heck the box th	at describes the type	of suppo	orting org	anızatıon	and con	nplete lin	es 11e thi	ough 11h.	
		a 🗌 Type	ы ь 🛭	☐ Type II 💢	: 🗆 Typ	oe III–Fun	ctionally	ıntegrate	ed	d□	Type III-0	Other
е		By checking		tify that the organiza			-	_		y one or	more disq	ualified
				on managers and othe								
		509(a)(1) or	section 509(a)(2).								
f		If the organ	ization received	a written determinat	on from	the IRS	that it is	a Type	I. Type II	. or Type	III suppor	tına
		-	, check this box						., .,,,,			
g		•	•	the organization acce	ented any	aift or c	ontribute	on from a	anv of the		, ,	•
9		following pe			- 	, g			,			
				or indirectly controls, o	either alo	ne or too	ether wi	th persor	ns descri	bed in (ii)	Yes	No
			-	rning body of the sup		-	-	un porcor	10 0000111	20 0 ()	11g(i)	
			-	erson described in (i)	•	gumzano		• •	• •	• •	11g(ii)	
				of a person described		· · · · ·					11g(iii)	
h			-	ation about the suppl							[1.9(-1)]	
		of supported	(ii) EIN	(iii) Type of organization	· ·	organization	ì	ou notify	(vi)	ls the	(vii) Amou	ent of
(1)		anization	(11) 2.11	(described on lines 1–9		sted in your		nization in		tion in col	suppo	
				above or IRC section	governing	document?		of your port?		zed in the S?		
				(see instructions))	V	Na		·	+			
				-	Yes	No	Yes	No	Yes	No		
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Total

Pa	Support Schedule for Org (Complete only if you ched	ganizations I	Described in on line 5, 7,	Sections 17 or 8 of Part I	70(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	ction A. Public Support						··········
C	alendar 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.")			108,073	176,222	190,244	474,539
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	108,073	176,222	190,244	474,539
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)						90,034
6	Public support. Subtract line 5 from line 4.	5 5 3 5 L #	4- 20 1)	10.00			384,505
Sec	tion B. Total Support	1	2000	1			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	108,073	176,222	190,244	474,539
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			83			83
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Statement 1			24,500	5		24,505
11	Total support. Add lines 7 through 10 .	1.49					499,127
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	re	<u> </u>	d, third, fourth	-	ear as a section	n 501(c)(3) . \blacktriangleright \Box
	tion C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (line		•	, column (f))		14	77.04% %
15	Public support percentage from 2008 Sch					15	93.36% %
	33% % support test—2009. If the organization qualifies	as a publicly s	upported orgar	iization			> 🗸
b	33% % support test—2008. If the organization qua						check this .► □
17a	10%-facts-and-circumstances test —20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circum	stances" test, o	check this box a	and stop here .	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2008, more, and if the organization meets the "fa organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums nces" test. The c	stances" test, c organization qua	heck this box a lifies as a publici	ind stop here . I ly supported org	Explain in Part l' janization , ,	V how the

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Orga (Complete only if you check				a)(2)			
Sec	tion A. Public Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		5					
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							ļ. <u>.</u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
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	· · · · · · · · · · · · · · · · · · ·	T					
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
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)							
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		h, or fifth tax y			
Sec	tion C. Computation of Public Su	•						
15	Public support percentage for 2009 (lin					15		%_
16	Public support percentage from 2008 \$			<u></u>	<u> </u>	16		_%_
Sec	tion D. Computation of Investmen					<u> </u>		
17	Investment income percentage for 2009				olumn (f)) .	17		<u>%</u> %
18	Investment income percentage from 20	08 Schedule A	A, Part III, line	17		18		
19a	331/3 % support tests—2009. If the organization more than 331/3 %, check this b	anization did no	ot check the bo	ox on line 14, a	and line 15 is n	nore th	nan 33% % dad organ	%, and line
b	17 is not more than 33% %, check this b 33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is m	ore than 3	33/3 %, and
20	Private foundation. If the organization							

•							
Schedule A (Fe	orm 990 or 990-EZ) 2009						Page 5
Part IV	Supplemental Inform Part II, line 17a or 17	nation. Complete b; and Part III, line	this part to pro 12. Provide a	ovide the expla	anations requir onal information	ed by Part I on. See instr	l, line 10;
						-	

	1: Part II, Line 10						
Descriptio Other Inco		200	5 2006	2007 24,500	2008 5	2009	Total 24,505
				24,000			24,000
							·
Total			0 0	24,500	5	0	24,505
**							
		·····					
		·					

Attachments to IRS Form 990-EZ University of Vermont Hillel 81-0554021 Tax Year 2009

Schedule 1: Part I, Lin	e 16 - Other Expenses
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Des	scription	Amount
1	Office expenses	667
2	Conferences, conventions, etc	284
3	Insurance	1,200
4	Other Fundraising Expenses	15,566
5	Other Program Expenses	56,617
6	Misc expenses	560
Tota	al	74,894

Description	Amount
1 Prior Period Adjustment	392
Total	392