Form **990**

Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For	the 2	2015 calend	dar year, or	tax year begin	ning		, 2015, and e	nding			, 20	
В	Chec	ck if ap	plicable:	C Name of o	rganization Verm	ont Independ	ent Media I	nc.			- 1	D Employer identification no).
	Addr	ess ch	change Doing business as The Commons									20-2140604	
	Nam	e chan	ige	Number ar	nd street (or P.O. bo	x if mail is not delivered to	street address)		Room/s	suite	1	E Telephone number	
	Initia	l return	1	139 M	ain Street	=			604			(802)246-6397	
$\overline{\sqcap}$	Final	l return	/terminated			country, and ZIP or foreig	an postal code		454,688				
Ī		nded re		1 '	leboro, V	•	, ,				- 1,	G Gross receipts\$	
П			pending		address of principal		Aleshnick					<u>- Стосе тосограс ф</u>	-
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_	Tay-	ovemn	t status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	H(b)			res included? Yes No	
			► N/A	1 301(0)(3)) 4 (insert no.)			H(c)	If "No	," attac	ch a list. (see instructions)	•
				Corporation	Trust Ass	ociation Other ►		L Year of formation:				al domicile: VT	-
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Activities & Governance		-											_
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			Contribution:	,178									
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Expenses	1												0
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		19 I	Revenue les	ss expenses	. Subtract line	18 from line 12					(52	2) 2,20	2
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sets	alar 2			•						32	,954	4 51,36	3
Net Assets or	<u> </u>	21 -	Total liabilitie	es (Part X, li	ine 26)					47	,126	63,33	<u>3</u>
_		_				line 21 from line 20				(14	,172	2) (11,97)	<u>0</u>)
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						 including accompanying er) is based on all informa 		ents, and to the best of my k	nowledge	and belief, it i	S		
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Sig	gn		Signatur	re of officer							Date	•	
He	re		Barr	y Aleshi	nick, Pres	ident							
			Type or	print name and	title	ı							_
			Print/Type pre	eparer's name		Preparer's signature		Date		Check X	if I	PTIN	
Pa			Menda V	Waters		Menda Waters		11-10-2016		self-employe	ed	P00523349	
Pre	ера	rer	Firm's name	>	Menda Wa	ters			Firm's I	EIN ►			
Us	e O	nly	nly Firm's address ► 146 West Northfield Rd Phone						no.			-	
					Northfie	ld MA 01360				4	<u>13</u> -4	198-5746	
May	v the	IRS	discuss this	return with	the preparer sh	own above? (see ir	nstructions)					🛛 Yes 🗌 No	_

20-2140604

Page 2

5) Vermont Independent Media Inc. Checklist of Required Schedules Part IV

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		3.7
_	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	•		37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	ı ıa	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d		Х
е		11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

5) Vermont Independent Media Inc.
Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Χ	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
••	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		٠,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

15) Vermont Independent Media Inc. Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		3.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		v
3a	3 · · · · · · · · · · · · · · · · · · ·	3a		X
b 4a		3b		
4a	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		Х
b	If "Yes," enter the name of the foreign country:	Tu		21
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		Х
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			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	3.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		7,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> b </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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. Check if Schedule O contains a response or note to any line in this Part VI

Jet	tion A. Governing Body and Management		v	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who 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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			21
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			25
<i>,</i> u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			25
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-22
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		Х
4	Did the organization have a written document retention and destruction policy?	14		Х
5	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		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Chris Yost (802)246-6397, 139 Main Street, Brattleboro, VT 05301			

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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.
- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)							
(A)	(B)	(do r	ot ch		sition nore than one		(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	rson is both a	n	Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a di	rector/trustee)	compensation from	compensation from related	amount of other
	hours for			_			the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Om	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
•	organizations below dotted	recto	utior	9	est c loyer	₫	(W-2/1099-MISC)		organization and related
	line)		al tr		oye				organizations
		stee	uste		ens				
			e e		ated				
(1) Peter Seares	4.00	37							_
Board member		X					(0	0
(2) Barry Aleshnick	8.00			٦,					
President				X			(0	0
(3) Jane Noyes	4.00			٠,				_	_
Secretary & Treasurer				X			(0	0
(4) Carolyn Taylor-Olsen	4.00			٠,				_	_
Vice President				X			(0	0
(5)									
(6)									
(7)									
(8)									
<u>(9)</u>									
*									
<u>(10)</u>									
<u>(11)</u>									
(12)									
(13)									
7.0									
<u>(14)</u>									

20-2140604

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd F	ligh	est (Comp	ensa	ated Employees (continued)			
	(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee) Or director rousitee Or director rousitee						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related		f on on
(15)		below dotted line)	ustee	trustee		ее	pensaled					anizatio	
(18)													
<u>(</u> 19)													
(20)													
<u>(21)</u>													
<u>(22)</u>						7							
(23)						1							
(25)													
1b	Sub-total							>					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)		•••					>	(0			0
2	Total number of individuals (including but not limited									1			
	reportable compensation from the organization									0		V	Na
3	Did the organization list any former officer, director,	or trustee, ke	ey emp	loye	e, oı	r hig	hest c	omp	ensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule J										3		Х
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	orgai	nizati	on or individual				
	for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	suc	ch pe	erson		<u> </u>		5		X
Section 1	on B. Independent Contractors Complete this table for your five highest compensate	d independer	nt conti	racto	re tl	nat r	acaiv	ad m	ore than \$100,000	of			
•	compensation from the organization. Report comper year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	pensatio	n
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove)	who					

received more than \$100,000 of compensation from the organization

Form 990 (2015) Vermont In Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line in thi	s Part VIII	. .		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ूर ध	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	22,912				
ڲٚۿ	С	Fundraising events 1c	223				
ifts ar A	d	Related organizations 1d					
a,e Bi≅	е	Government grants (contributions) 1e					
rSi	f	All other contributions, gifts, grants,					
the		and similar amounts not included above 1f	105,212				
e d O iii	g	Noncash contributions included in lines 1a-1f: \$					
<u>ਨ</u> ਵ	h	Total. Add lines 1a-1f		128,347			
			Business Code				
ənue	2a	Advertising Sales	511110	323,442	323,442		
Program Service Revenue	b	Custom Publishing	511110	2,850	2,850		
vice	С						
Ser	d						
yram	е						
Prog		All other program service revenue					
	g	Total. Add lines 2a-2f	• • • • • • •	326,292			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		10	10		
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
	6a	Gross rents	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	/a	assets other than inventory	(a) Guioi				
	h	Less: cost or other basis					
	"	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
nue	8a	Gross income from fundraising					
ven		events (not including \$\$					
Re		of contributions reported on line 1c).					
Other Reve		See Part IV, line 18 a					
ŏ		Less: direct expenses b					
		Net income or (loss) from fundraising events .					
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		retums and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
	110	Miscellaneous Revenue	Business Code	20			20
		Interest	511110	39			39
	b						
	С	All other revenue					
		Total. Add lines 11a-11d		39			
	12	Total revenue. See instructions		454,688	326,302		0 39
				101,000	220,302		<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 170,017 247,808 77,791 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 2,555 1,753 802 10 23,241 15,945 7,296 11 Fees for services (non-employees): 3,363 3,363 b Legal...... 3,490 3,490 Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 23,446 22,906 540 12 Advertising and promotion 2,429 2,429 Office expenses 13 2,380 2,380 Information technology 14 15 Royalties 16 14,109 14,109 17 484 484 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 1,605 1,605 21 Payments to affiliates 22 Depreciation, depletion, and amortization 4,050 4,050 23 554 554 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Printing 83,824 83,824 b Dues and memberships 1,553 1,553 1,609 c Allowances 1,609 d Distribution 30,202 30,202 е All other expenses 5,784 775 4,823 186 Total functional expenses. Add lines 1 through 24e 25 452,486 325,906 123,031 3,549 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	15,404	1	5,087
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,521	4	40,097
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 20,250			
	b	Less: accumulated depreciation	4,029	10c	6,179
	11	Investments - publicly traded securities	17121	11	0,2.0
	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)	32,954	16	51,363
	17	Accounts payable and accrued expenses	13,982	17	27,465
	18	Grants payable	13/302	18	27,7103
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L	29,444	22	22,752
Ë	23	Secured mortgages and notes payable to unrelated third parties	23,111	23	22,132
	24	Unsecured notes and loans payable to unrelated third parties	3,700	24	3,700
	25	Other liabilities (including federal income tax, payables to related third	3,700	24	3,700
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	9,416
	26	Total liabilities. Add lines 17 through 25	47,126	26	63,333
		Organizations that follow SFAS 117 (ASC 958), check here and	17,120	20	03,333
		complete lines 27 through 29, and lines 33 and 34.			
Ses	27	Unrestricted net assets		27	
llan	28	Temporarily restricted net assets		28	
Ba	20 29	Permanently restricted net assets		29	
pun	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and		23	
Ē		complete lines 30 through 34.			
ts o	20			30	
sse	30 31	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	(14 170)		/11 070\
Š	32	Retained earnings, endowment, accumulated income, or other funds	(14,172)	32	(11,970)
	33	Total net assets or fund balances	(14,172)	33	(11,970)
	34	Total liabilities and net assets/fund balances	32,954	34	51,363

Form	990	(201	15)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	154,	688
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	152,	486
3	Revenue less expenses. Subtract line 2 from line 1	3		2,	202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	((14,	172)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	((11,	970)
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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.				
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		
EΑ			Form	990 (2015)

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

2015 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number									
Ver	rmont Independent Media Inc.						20-21406		
Pa	rt I	Reason for Public Charity	/ Status (All or	rganizations must c	omplete	this part	.) See instruction	ns.	
The	orga	nization is not a private foundation beca		-	-				
1	Ц	A church, convention of churches, or a	association of chur	ches described in sectio	n 170(b)(1)(A)(i).			
2	Ц	A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).))			
3		A hospital or a cooperative hospital se	ervice organizatior	n described in section 17	⁷ 0(b)(1)(A)	(iii).			
4		A medical research organization opera	ated in conjunction	n with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	fit of a college or	university owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete F	Part II.)						
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives	s a substantial par	t of its support from a gov	vernmental	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II	l.)					
8		A community trust described in section	on 170(b)(1)(A)(vi). (Complete Part II.)					
9	X	An organization that normally receives	s: (1) more than 33	3 1/3% of its support fron	n contributi	ons, memb	pership fees, and gros	ss	
		receipts from activities related to its e	xempt functions - :	subject to certain excepti	ions, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	isiness taxable income (l	ess section	1511 tax) f	rom businesses		
	_	acquired by the organization after Jun	ne 30, 1975. See s	ection 509(a)(2). (Comp	lete Part III	.)			
10	Ц	An organization organized and operat	•						
11	Ш	An organization organized and operat							
		one or more publicly supported organ						. Check	
		the box in lines 11a through 11d that o					-		
	а	Type I. A supporting organization						•	
		the supported organization(s) the			rity of the c	lirectors or	trustees of the support	orting	
		organization. You must complete							
	b	Type II. A supporting organization				_	. ,		
		control or management of the sup			ersons that o	control or i	manage the supporte	d	
		organization(s). You must compl						d	
	С	Type III functionally integrated.						tn,	
		its supported organization(s) (see						(-)	
	d	Type III non-functionally integra							
		that is not functionally integrated.		-			nt and an attentivenes	S	
	_	requirement (see instructions). Yo					Tuno II Tuno III		
	е	Check this box if the organization				sa rype i,	туре п, туре п		
	£	functionally integrated, or Type III							
	f	Enter the number of supported organi Provide the following information about							
	9 /	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ranization	(v) Amount of monetary	(vi) Amount of	
	(y Name of supported organization	(II) EIN	(described on lines 1-9	listed in you	-	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No	-		
						- 110			
(A)									
/ E'									
(B)									
(C)									
/D'									
(D)									
/E\									
(E)									
T-4-							I		

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities fumished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
^	shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 lion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(4) 2011	(2) 2012	(0) 2010	(5) 2511	(6) 2010	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here		<u> </u>	, or fifth tax year as	a section 501(c)(3	3) 	▶ 🗌
	tion C. Computation of Public Su					T T	
14	Public support percentage for 2015 (line 6, c					14	%
15 16-	Public support percentage from 2014 Sched					15	%
Ioa	33 1/3% support test - 2015. If the organization gualified box and stop here. The organization gualified						▶ □
h	33 1/3% support test - 2014. If the organization						
b	check this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test - 2015.			=			
	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact				-		
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2014						_
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee				-	cly	
	supported organization						▶ □
18	Private foundation. If the organization did r	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		_
	instructions						▶ □

Page 3

Vermont Independent Media Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	ii tiic organization lans to c	danily under the	tosis listou be	now, picase co	impicto i art ii.)		
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,803	132,184	111,604	123,178	105,212	609,981
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	178,188		261,538	-	323,442	1,266,025
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	315,991	367,782	373,142	390,437	428,654	1,876,006
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	98,600					98,600
	Add lines 7a and 7b	98,600					98,600
8	Public support. (Subtract line 7c from line 6.)						1,777,406
	ction B. Total Support	() 2011	(1) 22/2	(1)0010	(1) 0044	() 0045	(O T)
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	315,991	367,782	373,142	390,437	428,654	1,876,006
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7	21	91	92	39	250
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7	21	91	92	39	250
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	315,998	367,803	373,233	390,529	428,693	1,876,256
14	First five years. If the Form 990 is for the organization, check this box and stop here	•		•	a section 501(c)(3)		▶ □
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2015 (line 8, co	olumn (f) divided by	line 13, column (f))		15	94.73 %
16	Public support percentage from 2014 Schedu					16	89.00 %
	ction D. Computation of Investme				г		
17	Investment income percentage for 2015 (line		•	` ' '		17	0.00 %
18	Investment income percentage from 2014 Sc	hedule A, Part III, lir	ne 17			18	0.00 %
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this l						▶ □
20	Private foundation. If the organization did n	ot check a box on li	ine 14, 19a, or 19b	check this box and	d see instructions		▶ 🗍

Part IV Supportin

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ou		
3b		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5c		
6		
J		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11b 11c		
	tion B. Type I Supporting Organizations	110		
500	ion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struct	ions)	:
а			•	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ing	structi	ons)
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OI.		
•	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? Provide details in Part VI .	3a		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to supported organizations: it is too, describe in that with the role played by the organization in this regard.	UD		

oboo	dule A (Form 990 or 990-EZ) 2015 Vermont Independent Media Inc.		20-214	10604 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	rani [.]		1 age
	Check here if the organization satisfied the Integral Part Test as a qualifying to other Type III non-functionally integrated supporting organizations must comp	rust	on Nov. 20, 1970. See i	nstructions. All
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CC	ellection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	ee instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		

instructions).

3

4

5

6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

	ale A (Form 990 or 990-EZ) 2015 Vermont Independent Media		20-214	10604 Page <i>1</i>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	ons		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7:			
а	Applied to underdistributions of prior years	~		
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	>		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			

d Excess from 2014 e Excess from 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

20-2140604

Vermont Independen	Media Inc. 20-2140604	
Organization type (check o	3):	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is	overed by the General Rule or a Special Rule.	
Note. Only a section 501(c) instructions.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
<u></u>	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000	
-	property) from any one contributor. Complete Parts I and II. See instructions for determining a	
Special Rules		
regulations under se 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
-	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	
illerary, or education	I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
For an organization	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	year, contributions exclusively for religious, charitable, etc., purposes, but no such	
	nore than \$1,000. If this box is checked, enter here the total contributions that were received	
= -	exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions	
	re during the year	
.		
	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	
555 - LZ, Or 550-1 1 J, Dut It III	stanower the out attiv, line 2, or its form 500, or check the box on line 11 or its form 500-L2 or on its	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
Vermont Independent Media Inc. 20-2140604

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 Diana Bingham Payroll Noncash 75,000 205 Wantastiquet Dr (Complete Part II for noncash contributions.) Brattleboro, VT 05301 (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 Thomas Thompson Trust Payroll Noncash 5,000 160 Federal St (Complete Part II for Boston, MA 02110 noncash contributions.) (c) (a) (b) (d) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

IVAIIIE	of the organization	Employer identification number
Vei	rmont Independent Media Inc.	20-2140604
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	S.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
Da	organization's accounting for conservation easements.	v Cimilar Apada
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
4.0	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	halanaa ahaat
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
L	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items:	. •
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide trie
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

	rt III Organizations Maintaining Collec				sets (continued)
3	Using the organization's acquisition, accession, and ot	her records, check any of	the following that are a	a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or excha	nge programs		
b	Scholarly research	e U Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections	and explain how they furt	her the organization's e	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive				п., п.,
Da	assets to be sold to raise funds rather than to be main		inization's collection?		U Yes U No
Pa	rt IV Escrow and Custodial Arrangeme		OO Dort IV line O	or reported an ama	unt on Form
	Complete if the organization answer	eu res on ronn s	90, Part IV, line 9,	, or reported arranic	Julit off Form
	990, Part X, line 21.			-1	
1a	Is the organization an agent, trustee, custodian or othe	· ·			П у П ы-
	•				Yes No
b	If "Yes," explain the arrangement in Part XIII and comp	plete the following table:		Δ.	
	Decimina helesse				mount
C	Beginning balance				
d	Additions during the year				
e	9 ,				
f n-	Ending balance			1f	
2a	Did the organization include an amount on Form 990, I				∐ Yes ∐ No
b Do	If "Yes," explain the arrangement in Part XIII. Check h rt V Endowment Funds.	ere if the explanation has	been provided on Part	XIII	
Га	rt V Endowment Funds. Complete if the organization answer	od "Voc" on Form (00 Part IV line 10	2	
4.		Current year (b) Prio	or year (c) Two years	s back (d) Three years bac	ck (e) Four years back
1a 	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and			*	
	losses		-		
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance	and the bases of the state of t	(-)\		
2	Provide the estimated percentage of the current year e	nd balance (line 1g, colu	mn (a)) neid as:		
a	Board designated or quasi-endowment Permanent endowment %	70			
b		%			
С	Temporarily restricted endowment	_			
2-	The percentages in lines 2a, 2b, and 2c should equal 1		ald and administered fo	or the	
3a	Are there endowment funds not in the possession of t	ne organization that are r	eia ana aaministerea r	or the	Yes No
	organization by:				
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed a	•	(f		3b
4 Do	Describe in Part XIII the intended uses of the organiza	ation's endowment funds.			
Га	rt VI Land, Buildings, and Equipment.	od "Voo" on Form (00 Dort IV line 1:	10 Soo Form 000 F	Part V line 10
	Complete if the organization answer				
	Description of property	(a) Cost or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
4-	Land	(investment)	(other)	чергенашит	
1a 	Land				
b	Buildings				
C	Leasehold improvements	00.000		4 4 4 4 4	
d	Equipment	20,250		14,071	6,179
e Tota	Other	000 Dart V 1: (D)	line 10e)		
ota	 Add lines 1a through 1e. (Column (d) must equal Forr 	ii 990, Pait A, column (B	i, iii le 100.)		6,179

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990, Pa	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial			•	
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I alt IX	Complete if the organization answere	d "Yes" on Form 990 Par	rt IV line 11d See Form 990 Pa	art X line 15
		Description	1111, 1110 114. 000 1 0111 000, 1 0	(b) Book value
(1)		, and the second		(a) Book raido
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Form 9	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) Payro	ll taxes	8,400		
(3) Credi	t line	1,016		
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 9,416

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
۲ C	Recoveries of prior year grants		
d e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	20	
е 3	Subtract line 2e from line 1	. 2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2015

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

Vermont Independent	Media Inc.						20-2	1406	04				
Part I Excess Benefi		s (section 501(c	c)(3), se	ection 5	01(c)(4),	and 501(
Complete if the											line 4	0b.	
•		(b) Relationship betv	veen disqu	alified pers	on and							(d) Corr	ected?
1 (a) Name of disqualified pers	son	or	ganization				(c) Description of	f transa	ction			Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax in	curred by the org	anization manage	ers or dis	qualified	l persons d	luring the y	/ear						
under section 4958									▶ \$	6			
3 Enter the amount of tax, if	any, on line 2, ab	ove, reimbursed b	by the or	ganizatio	on				▶ \$				
	•												
Part II Loans to and/	or From Intere	sted Persons.				_							
Complete if the							a or Form 990,	Part	IV, lin	e 26;	or if t	he	
organization re	ported an amoi	unt on Form 990	0, Part	X, line 5	5, 6, or 22	2							
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Loa	an to or	(e) Orig	ginal	(f) Balance due	(g) In c	default?	(h) App	proved	(i) Wr	itten
	with organization	loan	_	n the	principal a	amount				by boa	ard or	agreer	nent?
			organi	zation?				D		comm	ittee?		
			То	From				Yes	No	Yes	No	Yes	No
(1) Jane Noyes	Secretary	operations	X			6,500	6,500		X		X		X
(2) Barry Aleshnick	President	operations	X			2,000	2,000		X		X		Χ
Carolyn	Board												
(3) Taylor-Olsen	member	operations	X			7,000	7,000		X		X		X
	former												
(4) Richard Witty	Treasurer	operations	X		2	20,500	7,252		X		X		X
(5)													
Total						. ▶ \$	22,752						
		fiting Intereste			D 1\ / -1	O.7							
Complete if the	e organization	answered "Yes'	on Fo	rm 990,	Part IV,	line 27.							
(a) Name of interested person		ship between interested and the organization	(c)	Amount of	assistance	(d) 1	Гуре of assistance		(е) Purpos	e of ass	istance	
(1)													
(2)													
(3)													
(4)													
(5)						1							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Inform				I	
Provide additional info	mation for responses to questions	on Schedule L (see	e instructions).		
			77		
		N			

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-2140604 Vermont Independent Media Inc. 01. Form 990 governing body review (Part VI, line 11) Financial data is reviewed by the board in the form of annual financial statements, with supplemental information supplied by the office manager. The 990 is distributed to the board at a meeting after it's completion. 02. Governing documents, etc, available to public (Part VI, line 19) Governing documents and form 990 are available to the public upon request

990 Overflow Statement		2015 Page 1
Overflow Statement Name(s) as shown on return		Pāge 1
Vermont Independent Media Inc.		20-2140604
vermont independent Media inc.		<u> </u>
Occupancy		
Description		Amount
Rent Telephone & internet		\$ 10,535 3,574
relephone & internet	Total:	
Interest		
Description		Amount
Finance charges		\$ 66
Line of credit		1,039
Witty loan		500
	Total:	\$ 1,605
Insurance	1 4	
Description		Amount
Liability		\$ 450
Worker comp		104
	Total:	\$ 554
Other Expenses		
Concr Expenses		
Description		Amount
Postage & delivery		\$ 775
	Total:	<u>\$ 775</u>
Other Europage		
Other Expenses		
Description		Amount
Bank charges		\$ 1,425
Adminstrative Expense		2,206
Miscellaneous		1,192
	Total:	\$ 4,823
Description		Amount
Event expense		\$ 186
	Total:	\$ 186

990 Overflow Statement	2015 Page 2		
Name(s) as shown on return	FEIN		
Vermont Independent Media Inc.	20-2140604		

Accounts Receivable

Description		Amount			
Net per balance sheet		\$	47,658		
Allowance for doubtful accounts			(7,561)		
T	otal: _	\$	40,097		

