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)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

	For th	e 2020 calendar v	ear, or tax year begin		DOD TOT INISTRUCTIONS	, 2020, a		ina		, 20
В		applicable:	C Name of organizationVe	_	ndent Media I				D Empl	oyer identification number
$\bar{\Box}$		change	Doing business as Th	_						20-2140604
H	Name cl	•		O. box if mail is not delive	ared to street address)		Room/su	ıito	F Teler	hone number
H	Initial re	•	139 Main Stree		sica to street address)		1100111100	604	- 1010p	(802)246-6397
H		urn/terminated		vince, country, and ZIP or	foreign postal ands		l	001	C Cros	s receipts
H					loreign postal code					·
H	Amende		Brattleboro, V						\$	497,602
Ш	Applicat	ion pending	F Name and address of pri		Barrett					for subordinates? Yes X No
_			Same as C abov					H(b) Are all s		
<u>!</u>		mpt status: X 501) < (insert no.)	4947(a)(1) or	527		1		st. See instructions
	Website		nsnews.org					H(c) Group e		
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formation	on: 20	05 M S	tate of lec	gal domicile: VT
Г	art I	Summary		::::::::::::::::::::::::::::::::::::						
	1	-	the organization's miss	ion or most significa	ant activities: <u>Pro</u>	motion of	publ	ic media	a lit	eracy and local,
ø		citizen-dri	Lven media.							
Governance										
ern		01 1 11 1					050/ /			
Š	2		if the organization		•				1	_
	3		g members of the gove						3	<u> </u>
Activities &	4		endent voting member						4	5
Ξ	5		individuals employed ir		0 (Part V, line 2a)				5	10
₽cti	6		volunteers (estimate if	• ,	• • • • • • • • • •				6	22
_			ousiness revenue from	•	,·				7a	0
	l	Net unrelated bu	usiness taxable income	from Form 990-T, F	Part I, line 11				7b	0
								Prior Year		Current Year
	8		d grants (Part VIII, line	•				116	,879	268,947
e	9	Program service	revenue (Part VIII, line	∋2g)	. 			312	,911	222,367
Revenue	10	Investment incon	ne (Part VIII, column (A	A), lines 3, 4, and 7d	l)				(54)	125
æ	11	Other revenue (F	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10	c, and 11e)				795	1,145
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII	I, column (A), line 12)			430	,531	492,584
	13	Grants and simila	ar amounts paid (Part	X, column (A), lines	3 1-3)					0
	14	Benefits paid to	or for members (Part I)	K, column (A), line 4	.)					0
	15	Salaries, other co	ompensation, employee	e benefits (Part IX, o	column (A), lines 5-10))		245	,705	232,932
Expenses	168	a Professional fun	draising fees (Part IX,	column (A), line 11e	e)					0
ē	l t	Total fundraising	expenses (Part IX, co	lumn (D), line 25)	>	71,011				
X	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24	e)			181	,831	155,885
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colur	mn (A), line 25)			427	,536	388,817
	19	Revenue less ex	penses. Subtract line	18 from line 12	. .			2	,995	103,767
	es						Beg	inning of Curre	nt Year	End of Year
ets	<u>E</u> 20	Total assets (Pa	rt X, line 16)					5	,107	75,934
Net Assets or	<u>E</u> 21	Total liabilities (F	Part X, line 26)					100	,923	67,983
Ş	Ē 22	Net assets or fur	nd balances. Subtract	line 21 from line 20				(95	,816)	7,951
Pa	rt II	Signature	Block				'			
			that I have examined this retu				of my kno	wledge and beli	ef, it is	
true	, correct	, and complete. Declarat	ion of preparer (other than off	icer) is based on all inform	nation of which preparer ha	s any knowledge.				
		Lynn Ba	arrett							
Sig	jn	Signature of c							Da	te
Не	re	Lynn Ba	arrett, Preside	nt						
			name and title							
		Print/Type prepare	r's name	Preparer's signature		Date		Check	X if	PTIN
Pa	id	Menda Wate	ers	Menda Waters		08-31-20	21	self-emp		P00523349
	pare		Menda Wa	'				Firm's EIN		_
	e On			Northfield	Rd			Phone no.		
- 3				ld MA 01360	-]	-	413-	498-5746
Max	, the IE	C discuss this retu	ım with the preparer sh		actructions)					X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
C				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e		11e	X	
f				
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	446		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Λ.
••	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			-11
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20 a		20a		X
_c k		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		х

Form 990 (2020) **Part IV** CI 20) Vermont Independent Media Inc.
Checklist of Required Schedules (continued)

			Yes	No
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		х
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		Х
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		X
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	04-		
	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	250		
h	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		Λ	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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,			
05-	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ววม		X
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
31	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
. u.	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 Form 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		

20) Vermont Independent Media Inc.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		x
b	If "Yes," enter the name of the foreign country			
	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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		x
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		x
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
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			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on 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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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		
11a	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
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		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Dother (explain on Schedule O)			
19	Describe on 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			
	Sandra Pinger (802)246-6397, 139 Main Street, Brattleboro, VT 05301			

Form 990 (2)	020	D
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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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m s per l a dir	son is	nan one a hoth ar (trustee) Highest compensated employee	(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 organizations
(1) Lucas Sillars	4.00								
Trustee		x					0	0	0
(2) Michael Bosworth	4.00								
Treasurer		Х		х			0	0	0_
(3) Lynn_Barrett	4.00								
President				х			0	0	0
(4) Barry Aleshnick	<u>4.0</u> 0								
Secretary				х			0	0	0
(5) MacLean Gander	<u>4.0</u> 0								
Vice President				х			0	0	0
<u>(6)</u>									
<u>(7)</u>									
(8)									
(9)									
(10)									
(11)									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	1							1	

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyees	s, ar		igne (C)	est Co	mp	ensated Employe	e es (continuea)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per d a dir	sition nore the son is rector	han one s both ar /trustee)	١	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		-	nization :	
<u>(15)</u>														
<u>(16)</u>											_			
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	ion A .					 	· •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wł	no re	eceive	d mo	ore than \$100,000	of				
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>	le J for such	indivia	lual							[3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplet	te Sch	edul						
5	individual	compensation	on from	any	unr	elate	ed orga	aniza	ation or individual			5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.										ar.			
	(A)			01100	<u> y c</u>	<u>o</u>			(B)			(C)	ation.	
	Name and business addres	58							Description of service	es		ompensa	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted a	above)) wh	0					

Form 990 (2020) Vermont In Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in this	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
	1a	Federated campaigns 1	a				Sections 512-514
	b	Membership dues					
ınts nts	C	Fundraising events					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations					
ffs, r An	e	Government grants (contributions) 1					
, <u>a</u> g	f	All other contributions, gifts, grants,	, , , , , ,				
Sin	-	and similar amounts not included above 1	f 180,311				
buti ther	g	Noncash contributions included in					
d of fi			g \$				
နှင့်	h			268,947			
			Business Code				
	2a	Advertising Sales	511110	220,992	220,992		
<u>:</u>		Custom Publishing	511110	1,375	1,375		
er V	С						
n S ven	d						
gra Re	е						
Program Service Revenue	f	All other program service revenue					
_				222,367			
	3	Investment income (including dividends, interes		•			
	"	other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	- t				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
	''	sales of assets					
		other than inventory 7a 5,14	3				
	b	Less: cost or other basis					
ē		and sales expenses 7b 5,01	8				
venue	С	Gain or (loss) 7c 12	5				
	d	Net gain or (loss)		125			125
Other Re	8a	Gross income from fundraising					
₹		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	Ва				
	b	Less: direct expenses	3b				
	С	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming					
		activities, See Part IV, line 19	9a				
		•	9b				
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less					
			0a				
			0b				
	С	Net income or (loss) from sales of inventory .					
			Business Code				
SI (Interest	511110	33			33
Miscellanous Revenue	b	Account corrections	511110	1,112			1,112
eve	С		-				
<u>Mi</u> s R		All other revenue					
_	•	Total. Add lines 11a-11d		1,145			
	12	Total revenue. See instructions	▶	492,584	222,367	0	1,270

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 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 individuals. See Part IV. line 22 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) 7 Other salaries and wages 208,302 143,857 12,550 51,895 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 24,630 17,010 1,484 6,136 11 Fees for services (nonemployees): b Legal...... 5,655 5,655 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 8,095 2,595 5,500 12 1,000 1,000 Office expenses 13 3,347 3,347 14 4,541 4,541 15 16 13,573 13,573 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 400 400 20 7,767 7,767 21 22 Depreciation, depletion, and amortization 436 436 23 627 3,734 2,007 1,100 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,420 Printing 69,295 67,875 Dues and subscriptions 5,780 747 5,033 2,198 2,198 c Allowances d Distribution 17,701 17,701 е All other expenses 12,363 12,013 350 Total functional expenses. Add lines 1 through 24e. . 25 388,817 263,494 54,312 71,011 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 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			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,107	1	27,606
	2	Savings and temporary cash investments		2	40,035
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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 28,979			
	b	Less: accumulated depreciation 10b 20,686		10c	8,293
	11	Investments - publicly traded securities		11	
	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 33)	5,107	16	75,934
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Š	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	38,334	22	41,662
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,700	24	1,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	58,889	25	25,321
	26	Total liabilities. Add lines 17 through 25	100,923	26	67,983
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
Ĕ	27	Net assets without donor restrictions		27	
3ale	28	Net assets with donor restrictions		28	
힏		Organizations that do not follow FASB ASC 958, check here ▼ ▼			
표		and complete lines 29 through 33.			
, or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	(95,816)	31	7,951
<u>N</u> et	32	Total net assets or fund balances	(95,816)	32	7,951
	33	Total liabilities and net assets/fund balances	5,107	33	75,934

Form **990** (2020) EEA

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)		age 1 2
1 Total revenue (must equal Part VIII, column (A), line 12)		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting		
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting	492,	,584
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting	388,	,817
5 Net unrealized gains (losses) on investments	103,	,767
6 Donated services and use of facilities	(95,	,816
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain on Schedule O)		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		
32, column (B))		0
Part XII Financial Statements and Reporting		
Part XII Financial Statements and Reporting	7,	,951
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: X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	х
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?	,	х
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?	;	
If the organization changed either its oversight process or selection process during the tax year, explain on		
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?	.	х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		

Form **990** (2020)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Vermont Independent Media Inc. 20-2140604 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 Vermont Independent Media Inc. 20-2140604 Page 2 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.) Section A. Public Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (e) 2020 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % **14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain

instructions

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 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.)

500	ction A. Public Support	diaci tile tet	sto lioted bein	w, picase co	inpicto i ait i	1.)	
	••	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(i) Total
1	, ,	164 500	100 251	01 000	05 155	100 210	650 005
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	164,598 336,846	128,371 349,204	81,839 363,562	97,177 332,620	180,310	652,295 1,604,599
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	501,444	477,575	445,401	429,797	402,677	2,256,894
	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	100,000	60,000		26,281	84,250	270,531
С	Add lines 7a and 7b	100,000	60,000		26,281	84,250	270,531
8	Public support. (Subtract line 7c from	•	•		·	•	-
	line 6.)						1,986,363
Se	ction B. Total Support					·	
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	501,444	477,575	445,401	429,797	402,677	2,256,894
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	11	10	12	7	158	198
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	11	10	12	7	158	198
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.)	501,455	477,585	445,413	429,804	402,835	2,257,092
14	First 5 years. If the Form 990 is for the orga	nization's first, s	second, third,	fourth, or fifth to	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						▶ 🗌
Se	ction C. Computation of Public Suppor	t Percentage	•				
	Public support percentage for 2020 (line 8, c					15	88.01 %
16	Public support percentage from 2019 Sched	ule A, Part III, li	ne 15	· • • • • • • •		16	100.00 %
Se	ction D. Computation of Investment Inc	come Percen	tage				
17	1 0 \					17	0.00 %
	Investment income percentage from 2019 Sc					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz	ation did not ch	neck the box o	n line 14, and li	ine 15 is more	than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	ation did not ch	neck a box on l	line 14 or line 1	9a, and line 1	6 is more than 3	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	ere. The orga	nization qualifie	es as a publicly	supported org	anization 🕨 🗌
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a. or 19b. chec	k this box and	see instructions	s ▶ 🗍

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 lines 3b and 3c 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 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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.)

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11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled ontity of a person described in line 11a bove? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations than the power for regularly appoint or elect at least a majority of the organization's difficulty deficiency operated, supervised, or controlled the arganization's activities. If the organization had more then one supported organization, described by the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of the theory of the organization and what covalisins or restrictions, if, any, applied to auch powers during the lax year. 2. Did the organization operate for the benefit of any supported organization and what covalisins or restrictions, if, any, applied to auch powers during the lax year. 2. Did the organization operate for the benefit of any supported organization of the thin the supported organization's burst of the supported organization of the supported organization of the supported organization's directors or trustees during the lax year also a majority of the directors or trustees of each of the organization's directors or trustees during the supported organization's burst or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization and the supported organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's supp	Par	t IV Supporting Organizations (continued)			
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Section D. All Type III Supporting Organizations 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? 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 of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in 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. 2 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 2 Activities Test. Answer lines 2a and 2b below. 3 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions and supported organizations) to thich the organization was responsive? If "Yes," then in Part VI identify those supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization in the vacitivities of each of the supported organization's involvement, one or more of the organization's position that its supported organization determined that these activities of each of the sup			1		
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	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting Of			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		•
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Sectio	
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(2) 22 27
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 collection			
_	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions 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 factors			
	(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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	gorganization

(see instructions).

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ı a	Tart V Type in Non-1 unctionally integrated 303(a)(3) Supporting Organizations (continued)						
Sec	ction D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos	1					
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.		6				
7	7 Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	9 Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		10				
			(!!)	/:::\			

10	Line 8 amount divided by line 9 amount		10	
Sed	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
		·	0-1	

EEA

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par 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, 2 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
-						
_						

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number Vermont Independent Media Inc. 20-2140604 Organization type (check one):

Organiz	organization type (check one).						
Filers of:	:	Sec	etion:				
Form 990	0 or 990-EZ	X	501(c)(3) (enter number) organization				
			4947(a)(1) nonexempt charitable trust not treated as a private foundation				
			527 political organization				
Form 990	0-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 cove	red l	by the General Rule or a Special Rule .				
Note: Or instructio		s), or	(10) organization can check boxes for both the General Rule and a Special Rule. See				
General	Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
x	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	contributor, during the yelliterary, or educational pu	ear, t urpos	I in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, ses, or for the prevention of cruelty to children or animals. Complete Parts I (entering the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ	, or 990-PF), but it must a	ansv	overed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ver "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 hat it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization

Vermont Independent Media Inc.

Employer identification number

20-2140604

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fonda Family Foundation Inc 1718 Peachtree St NW	\$10,000	Person 🗷 Payroll 🗌 Noncash 🗍
	Atlanta GA 30309		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sara Coffey 542 Fitch Rd Guilford VT 05301	\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name Withheld by Request XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX	\$61,750	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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.

2020

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

INAIIIE	of the organization		'	Employer identification number
<u>Ver</u>	mont Independent Media Inc.			20-2140604
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar I	Funds or Accou	nts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	6.	
		(a) Donor advised	d 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 w	riting that the assets held in	n donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control	?	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant for	unds can be used	
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for an	ny other purpose	
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	_	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution	in the form of a cons	servation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			. 2b
С	Number of conservation easements on a certified historic structure.	cture included in (a)		. 2c
d	Number of conservation easements included in (c) acquired a	, ,		
				. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	ninated by the organ	nization during the
	tax year ►		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period		handling of	
	violations, and enforcement of the conservation easements it h	• • •		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and en	forcing conservation	n easements during the year
	•		· ·	Ğ ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforci	ing conservation ea	sements during the year
	▶ \$			Ç
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?			□ v □ N-
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	· ·		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Tr	easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	e statement and bal	lance sheet works
	of art, historical treasures, or other similar assets held for publi			
	service, provide, in Part XIII the text of the footnote to its finan			•
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	following amounts required to be reported under FASB ASC 9		=	, , , , , , , , , , , , , , , , , , , ,
а	Revenue included on Form 990, Part VIII, line 1	•		▶ \$
b	Assets included in Form 990, Part X			

Sched	ule D (Form 990) 2020 Vermont Independen			20-21	<u> </u>
Pai	t III Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, accession, and	other records, check any	of the following that ma	ake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	ns and explain how they f	urther the organization's	s exempt purpose in Par	t
	XIII.				
5	During the year, did the organization solicit or receive	e donations of art, histori	cal treasures, or other s	similar	
	assets to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's collection?	2	Yes No
Pai	t IV Escrow and Custodial Arrangen	nents.			
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	9, or reported an ai	mount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or ot	her intermediary for contr	ibutions or other assets	s not	
	included on Form 990, Part X?				🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following table) :		
					Amount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year			. 1e	
f	Ending balance			. 1f	
2a	Did the organization include an amount on Form 990				Yes No
b	If "Yes," explain the arrangement in Part XIII. Check	k here if the explanation h	as been provided on Pa	art XIII	
Pai	t V Endowment Funds.				
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	10.	
	(a)	Current year (b) Pri	or year (c) Two year	s back (d) Three years ba	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				
2	Provide the estimated percentage of the current year	r end balance (line 1g, co	olumn (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment > %				
С	Term endowment ▶ %				
	The percentages on lines 2a, 2b, and 2c should equ	al 100%.			
3a	Are there endowment funds not in the possession of	of the organization that are	e held and administered	for the	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations I	listed as required on Sche	edule R?		
4	Describe in Part XIII the intended uses of the organ				
Pai	t VI Land, Buildings, and Equipmen				
	Complete if the organization answ		990, Part IV, line	11a. See Form 990), Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	28,979		20,686	8,293

8,293

Schedule D (Form	990) 2020 Vermont Indepen	dent Media I	nc.		20-2	140604	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answer	ed "Yes" on For	m 990, Part I	V, line 11b. S	See Form 9	990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book valu	е		Method of valuation and-of-year market v	
(1) Financial	lerivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F) (G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line	12.)					
Part VIII	Investments - Program Related.	,					
	Complete if the organization answere	ed "Yes" on For	m 990, Part I	V, line 11c. S	See Form 9	990, Part X,	line 13.
	(a) Description of investment		(b) Book valu		(c)	Method of valuation and-of-year market w	n:
(1)					0031 01 6	nu-oi-year market v	value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line	13.) ▶					
Part IX	Other Assets.						
	Complete if the organization answer		m 990, Part I	V, line 11d.	see Form		
	(a)	Description				(b) Bo	ook value
(1)							
(2)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	15.)			•		
Part X	Other Liabilities.						
	Complete if the organization answer	ed "Yes" on For	m 990, Part I	V, line 11e o	r 11f. See	Form 990, I	Part X,
	line 25.						
<u>1.</u>	(a) Description of liability	(b) Book	value				
(1) Federal i							
(2payrol]			19,321				
(3Credit							
-	om major donor		6,000				
(5)							
(6)							
(7) (8)							
(9)							
\ - /		1					

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

25,321

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

Page 4

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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	-
С.	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	-
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	4c
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	por Poturn
Гаі	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Keturn.
4	· · · · · · · · · · · · · · · · · · ·	1
1	·	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	
a		-
b	Prior year adjustments 2b Other losses 2c	-
C C	Other (Describe in Part XIII.)	-
d	Add lines 2a through 2d	- 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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5
	rt XIII Supplemental Information.	
	de 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; F	Part X, line
	irt 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) 2020

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

reame of the organization							Linploy	- 40-		· · · · · · · · · · · · · · · · · · ·	-1		
Vermont Independent Part I Excess Benef		s (section 501/a	2)(3) 60	action 5	01(c)(4)	and sec	20-2 tion 501(c)(29)	1406		ne on	lv)		
							or 25b, or Form					0b.	
		(b) Relationship betv										(d) Corr	ected?
1 (a) Name of disqualified per	son	organization					(c) Description of	of transac	ction			Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax in	curred by the org	anization manage	ers or dis	squalified	persons o	during the	year						
under section 4958									▶ \$	<u> </u>			
3 Enter the amount of tax, if	any, on line 2, ab	ove, reimbursed I	by the o	rganizati	on				▶ \$	<u> </u>			
Part II Loans to and/	or From Intere	stad Parsons											
			on For	m 990-E	EZ, Part \	√, line 38	Ba or Form 990,	Part I	IV, lin	e 26;	or if t	he	
		unt on Form 99											
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Ori	iginal	(f) Balance due	(g) In d	lefault?	(h) Ap	proved	(i) Wr	itten
	with organization	loan	from the organization?		principal amount					by board or committee?		agreer	nent?
				1				V	NI-			Vaa	NI-
	Secretary		То	From				Yes	No	Yes	No	Yes	No
(1) Jane Noyes	- former	operations	x			6,500	6,500		х		x		х
(2) Barry Aleshnick	President	operations	х			4,000	12,588		х		х		Х
Carolyn	Former												
(3) Taylor-Olsen	board	operations	Х			7,000	19,317		Х		Х		Х
(A) District 3 44 bbs	former						1 055						
(4) Richard Witty	Treasurer Key	operations	Х			0,500	1,257		Х		Х		Х
(5) Jeff Potter	Employee	operations	х			2,000	2,000		х		х		х
Total						. ▶ \$	41,662						
		fiting Intereste											
Complete if th	e organization	answered "Yes'	on Fo	rm 990,	Part IV,	line 27.							
		tionship between interested (c) Amount of a son and the organization		assistance (d) Type of assistance		Type of assistance	(e) Purpose of ass				istance		
(1)													
(2)													
(3)													
(4)													
(E)	1		- 1			1		- 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)					
(1)					-
(2)					-
(3)					
(4)					
(5)					
Part V Supplemental Information					
Provide additional information	on for responses to questions	on Schedule L (see	instructions).		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

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. 03. List of other fees for services expenses (Part IX, line 11g) Subcontractors and freelancers - \$37350

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

Attachment Sequence No. 179 Identifying number Business or activity to which this form relates

Name(s) shown on return			Business or activity to which this form relates				Identifying number			
Veri	Vermont Independent Media Inc.			FORM 990 - 1				20-2140604		
Pai	rt I Election To Expens	e Certain Pro	perty Und	er Secti	ion 179					
	Note: If you have any	listed property,	complete Pa	art V befo	re you com	plete Part I.				
1	Maximum amount (see instructions))						1		
2	2 Total cost of section 179 property placed in service (see instructions)									
3	Threshold cost of section 179 prop	erty before reduc	tion in limitatio	n (see inst	ructions)			3		
4	Reduction in limitation. Subtract line	4								
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter -	0 If married	d filing				
	separately, see instructions							5		
6	(a) Description of pr				ousiness use only		Elected cost			
7	Listed property. Enter the amount for	rom line 29			7					
8	Total elected cost of section 179 p	roperty. Add amo	unts in column	(c), lines	6 and 7			8		
9	Tentative deduction. Enter the sm	aller of line 5 or l	line 8				 .	9		
10	Carryover of disallowed deduction	from line 13 of yo	our 2019 Form	4562				10		
11	Business income limitation. Enter the	he smaller of bus	iness income (not less th	nan zero) or l	ine 5. See instr	uctions	11		
12	Section 179 expense deduction. Ac	dd lines 9 and 10,	but don't ente	r more tha	n line 1.1			12		
13	Carryover of disallowed deduction				•	13				
Note	: Don't use Part II or Part III below					1				
Pai					iation (D	on't include	listed proper	ty. Se	e instructions.)	
14	Special depreciation allowance for				•			Í		
								14		
15	<u> </u>									
16	Other depreciation (including ACRS	,						16		
	rt III MACRS Depreciati							1.0		
		(201111111		ection A						
17	MACRS deductions for assets place	ed in service in t						17		
18	If you are electing to group any ass		-	-						
-	, , ,		ū	•		ŭ	▶ □			
	Section B - Assets F							ion S	vstem	
		(b) Month and year	(c) Basis for de					<u> </u>	,	
	(a) Classification of property	placed in service	(business/inves only-see instr		(d) Recovery period	(e) Convention	(f) Method	(g)	Depreciation deduction	
19a	3-year property	SCIVICE	Only-see man	uctions)				+		
b				8,729	5	MO	200 DB	+	436	
	5-year property 7-year property			0,723	, 5	MQ	200 DB	+	430	
								+		
d	, , , ,							+		
e	15-year property							+-		
	20-year property				25		C/I	+-		
<u>g</u> _	25-year property				25 yrs.	2424	S/L	+-		
n	Residential rental				27.5 yrs.	MM	S/L	+		
	property				27.5 yrs.	MM	S/L	₩		
i	Nonresidential real				39 yrs.	MM	S/L	₩		
	property					MM	S/L	<u> </u>		
	Section C - Assets Pla	ced in Service	During 202	0 Tax Ye	ar Using t	he Alternativ	_	tion S	ystem	
20a	Class life						S/L	—		
	12-year				12 yrs.		S/L			
	30-year				30 yrs.	MM	S/L	↓		
	40-year				40 yrs.	MM	S/L	$oxed{oxed}$		
Pa	rt IV Summary (See instr	uctions.)								
21	Listed property. Enter amount from	ı line 28						21		
22	Total. Add amounts from line 12, I	ines 14 through 1	17, lines 19 an	d 20 in co	lumn (g), and	d line 21. Ente	r			
	here and on the appropriate lines of	of your return. Par	tnerships and	S corporat	tions - see in	structions		22	436	
23	For assets shown above and place	d in service durir	ng the current y	ear, enter	the					
_	portion of the basis attributable to s	section 263A cost	<u>s</u>	<u></u>		23				