Form	90	90	Return	n of Organization Exemp	ot From Ir	ncom	e Tax			OMB No. 1545-0047
1 OIIII				•						2019
(Rev.	Januar	y 2020)), 527, or 4947(a)(1) of the Internal R				ndation	is)	
Depart	ment of	the Treasury		ter social security numbers on this f	-		-			Open to Public
		ue Service		www.irs.gov/Form990 for instruction						Inspection
	or the	2019 calendar	year, or tax year begin			and end	ing			, 20
	heck if a	applicable:		rmont Independent Media	Inc.			D Emp	-	entification number
	ddress o	change	Doing business as Th	e Commons					20-	2140604
	ame cha	ange	Number and street (or P.	O. box if mail is not delivered to street address)		Room/su	iite	E Telep		
	nitial retu	al return 139 Main Street 60								2)246-6397
F F	inal retu	rn/terminated		vince, country, and ZIP or foreign postal code				G Gros	s receipt	s
L A	mended	l return	Brattleboro, V	r 05301				\$		440,462
L A	pplicatio	on pending	F Name and address of pri	ncipal officer: Barry Aleshnick			H(a) Is this a g	group return	for subord	linates? Yes X No
			Same as C above	e	7		H(b) Are all	subordinat	tes includ	led? Yes No
			01(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527		If "No,"	attach a li	st. (see ii	nstructions)
	lebsite:		onsnews.org				H(c) Group	exemptio	n numbe	<u>r</u> ►
		-	prporation Trust Ass	ociation 🚺 Other 🕨	L Year of format	tion: 20(05 M S	State of leg	gal domic	cile: VT
Pa	T	Summary								
	1	-	-	ion or most significant activities: Pr	omotion of	E publ	ic medi	a lit	erac	y and local,
e		citizen-dr	riven media.							
anc										
erne										
ŏ	2	Check this box	if the organization	n discontinued its operations or dispose	ed of more than	25% of i	its net asse	ts.	1	
യ ഷ	3	Number of voti	ng members of the gove	erning body (Part VI, line 1a)			• • • • •	. 3		5
Activities & Governance	4	Number of inde	ependent voting member	s of the governing body (Part VI, line 1	b)			. 4		5
viti	5	Total number o	f individuals employed ir	n calendar year 2019 (Part V, line 2a)				. 5		11
Acti	6	Total number o	f volunteers (estimate if	necessary)				. 6		
•	7a	Total unrelated	business revenue from	Part VIII, column (C), line 12				. 7a		0
	b	Net unrelated b	ousiness taxable income	e from Form 990-T, line 39				. 7b		0
							Prior Year			Current Year
	8	Contributions a	nd grants (Part VIII, line	1h)			81	,839		116,879
anu	9	Program servic	ce revenue (Part VIII, line	e2g)			372	2,497		312,911
Revenue	10	Investment inco	ome (Part VIII, column (A	A), lines 3, 4, and 7d)						(54)
Re	11	Other revenue	(Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)			3	3,386		795
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	•	457	,722		430,531
	13	Grants and sim	ilar amounts paid (Part	IX, column (A), lines 1-3)		•				0
	14	Benefits paid to	o or for members (Part I)	X, column (A), line 4)						0
	15	Salaries, other	compensation, employee	e benefits (Part IX, column (A), lines 5-	10)		239	,567		245,705
Expenses	16a	Professional fu	ndraising fees (Part IX,	column (A), line 11e)				543		0
ben	b	Total fundraisin	ng expenses (Part IX, co	lumn (D), line 25) 🕨	88,449					
ŭ	17	Other expenses	s (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			242	2,087		181,831
	18	Total expenses	. Add lines 13-17 (must	equal Part IX, column (A), line 25)		•	482	2,197		427,536
	19	Revenue less e	expenses. Subtract line	18 from line 12			(24	475)	2,995
or							inning of Curre	ent Year		End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)							5,107
d Bös	21	Total liabilities	(Part X, line 26)				99	,894		100,923
Fund	22	Net assets or f	und balances. Subtract	line 21 from line 20			(99	,894))	(95,816)
Pa	't II	Signature	Block							
				rn, including accompanying schedules and stateme		t of my kno	wledge and be	lief, it is		
true,	correct,	and complete. Declar	ation of preparer (other than off	icer) is based on all information of which preparer h	has any knowledge.					
		Lynn B	Barrett							
Sig	า	Signature o	f officer					Da	ate	
Her	е	Lynn E	Barrett, Preside	ent						
			nt name and title							
		Print/Type prepar	rer's name	Preparer's signature	Date		Check	X if	PTIN	
Paid	ł	Menda Wat	ters	Menda Waters	11-09-20	20	self-em		XX	xxxxxxx
	- oarei		Menda Wa				Firm's EIN			
	Only			Northfield Rd			Phone no.			
				eld MA 01360		'		413-	498-	5746
May	the IR	S discuss this re-				I				. X Yes No

Form	n 990 (2019) Vermont Independent Media Inc.	20-2140604 Page 2
Ра	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Promotion of public media literacy and local, citizen-driven media.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	🗌 Yes 🛛 🕱 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes 🗴 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 266,597 including grants of \$) (Revenue	ue \$ 312,911)
τu	Weekly publication of The Commons, a free locally-produced newspaper. The	
	local participation in reporting and debating local news, providing a venu	
	citizens of Windham County.	jj
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· /
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 266,597	
EEA		Form 990 (2019)

Form	n 990 (2019) Vermont Independent Media Inc. 20-21406	04	F	age 3
Pa	rt 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 Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		x
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,"			
•	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			
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 donor-restricted endowments	10		
	or in 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? <i>If</i> "Yes,"			
а	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia	x	
D D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с		110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		~
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e	x	~
e f	Did the organization report an amount for other habilities in r art X, inte 23 in res, complete Schedule D, rart X	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			-
120	Schedule D. Parts XI and XII	12a		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
b		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
		_		

	990 (2019) Vermont Independent Media Inc. 20-21406	04	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			1
		г	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			
24-	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	240		
h	through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		x
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
لم	to defease any tax-exempt bonds?	24c		
d		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?	05h		
20	If "Yes," complete Schedule L, Part L	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	-		
~7	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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	07		
20	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, key employee, creator or founder, or substantial contributor? If	00-		
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M.</i>	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 IL	32		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
A .			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	4-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 in 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		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		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		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			
_	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
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		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		•
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt 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 instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
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	5		
	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	5	5		
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?			х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	. 8a	x	
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			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the energiantian have least chartens breaches as efficience	40-	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,	104		
44-	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?	. <u>11a</u>	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
12	describe in Schedule O how this was done	. <u>12c</u>		v
13 14	Did the organization have a written whistleblower policy?	. 13		x
14 45		. 14		x
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?			
•	The organization's CEO, Executive Director, or top management official	. 15a		v
a b	Other officers or key employees of the organization	. 15a . 15b		x
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 150		x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	. 16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 100		
N N	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		. 16b		
Sec	tion C. Disclosure			I
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 S Upon request Other (<i>explain on Schedule O</i>)			
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 (20 ⁻	9) Vermont Independent Media Inc.	20-2140604	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.	within the	
0			

• 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.

	Ŭ Î				(C)	-					
(A) Name and title	(B) Average hours per week	box,	, unles	eck m s per	son is	nan one s both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		
(1) MacLean Gander Trustee	4.00	x						0	0	0	
(2) Lynn Barrett	4.00										
Trustee		x						0	0	0	
(3) Peter Gould	4.00										
Trustee		х						0	0	0	
(4) Michael Bosworth	4.00										
Trustee		х						0	0	0	
(5) Barry Aleshnick	4.00										
President				х				0	0	0	
<u>(6)</u>											
(7)											
(8)											
<u>(9)</u>											
(10)											
<u>(11)</u>											
<u>(12)</u>											
(13)											
(14)										<u> </u>	
										5 666 (00.40)	

	990 (2019) Vermont Independe										0-2140	604	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar			est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	(do not check more the box, unless person is hours officer and a director//						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	able ation ated	Estima o com	(F) nated amoun of other mpensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-			zation a	
(15)														
<u>(</u> 16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		•••	•••	•••			• •						
d	Total (add lines 1b and 1c)		· · ·	•••	•••	· · ·	••••	• •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		listed a	bove	e) wł	no re	eceive	d mo	ore than \$100,000	of			Yes	C No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	oth	er com	npen	sation from the					
5	<i>individual</i> Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes	compensatio	on from	any	unre	elate	ed org	aniz	ation or individual			4		x
Secti	on B. Independent Contractors	s, complete	Scheu	ule c	101	Suc	n pers	011			••••	J		x
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ax vear.			
	(A) Name and business addres								(B) Description of servic			(C) Compensa	lion	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos ▶		ted a	above) wh	0					

m 990 (2 art VIII	019) Vermont Independent Statement of Revenue	media INC.			20-21406	504 Page
	Check if Schedule O contains a response or n	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
18	Federated campaigns 1a					
		19,709				
and Other Similar Amounts	_ · · · · ·	6,120				
ar A						
mila						
ŝ.	and similar amounts not included above 1 f	91,050				
the	a Noncash contributions included in	51,050				
9 ³	lines 1a-1f 1g	\$				
an	Total. Add lines 1a-1f		116 970			
		Business Code	116,879			
2	Adventising Color		210 501	210 501		
	Advertising Sales	511110	310,521	310,521		
e l	Custom Publishing	511110	2,390	2,390		
vent						
Rev						
	All other program service revenue					
9	Total. Add lines 2a-2f	••••	312,911			
	Income from investment of tax-exempt bond proc Royalties	(ii) Personal (ii) Other (ii) Other	(54			
	Gross income from gaming	•••••				
30	activities, See Part IV, line 19 9a					
	b Less: direct expenses					
		′ ►				
10	a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold					
	Tabaaab	Business Code	-			
118	Interest	511110	7			-
	Uncleared checks	511110	788			7
' '	d All other revenue					
	Total. Add lines 11a-11d		795			
12	Total revenue. See instructions	•	430,531	312,911	0	7

Form 990 (2	2019) Vermon	: Inde	ependent	Media	Inc.
Part IX	Statement of Functio	nal Ex	penses		

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

	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b,)b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
e					
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	225,717	137,255	12,580	75,882
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,988	12,154	1,114	6,720
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,556		3,556	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
5	(A) amount, list line 11g expenses on Schedule O.)	14,860	10,265		4,595
12	Advertising and promotion	2,336		2,336	
13	Office expenses	3,294		3,294	
14	Information technology	57251		57251	
15	Royalties				
16		14 953		14 952	
		14,853		14,853	
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		24,765		24,765	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,277	2,468	1,593	1,216
24	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.)				
а	Printing	69,540	69,540		
b	Dues and subscriptions	721		685	36
С	Allowances	1,761		1,761	
d	Distribution	24,682	24,682		
e	All other expenses	16,186	10,233	5,953	
25	Total functional expenses. Add lines 1 through 24e	427,536	266,597	72,490	88,449
<u>25</u> 26	Joint costs. Complete this line only if the	447,530	200,597	/2,490	00,119
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	019) Vermont Independent Media Inc.	2	0-214	0604 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	5,107
	2	Savings and temporary cash investments		2	
	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	
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		10c	
	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)	0	16	5,107
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	35,232	22	38,334
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	60,962	25	58,889
	26	Total liabilities. Add lines 17 through 25 .	99,894	26	100,923
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce.	27	Net assets without donor restrictions		27	
3ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Τur		and complete lines 29 through 33.			
ŗ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds \ldots .	(99,894)	31	(95,816)
Net Assets or Fund Balances	32	Total net assets or fund balances	(99,894)	32	(95,816)
	33	Total liabilities and net assets/fund balances	0	33	5,107
EEA					Form 990 (2019)

Form	990 (2019) Vermont Independent Media Inc.	20-214	40604	Р	age 12
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		430	,531
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		427	,536
3	Revenue less expenses. Subtract line 2 from line 1	. 3		2	,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		(99	,894)
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		1	,083
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		(95	,816)
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		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?		2b		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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain 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?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			For	n 990	(2019)

SCHEDULE A	l	Public Char	ity Status and F	Public	Suppoi	rt	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organ		501(c)(3) organization or a		947(a)(1) no	nexempt charitable trus	
Department of the Treasury			ch to Form 990 or Form				Open to Public
Internal Revenue Service Name of the organization	▶	Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	Employer identificat	Inspection
Vermont Independ	ent Media Ing					20-214060	
			ganizations must co	omplete	this part		
The organization is not a		· · ·					•
-	•		urches described in sect	•	,		
			Schedule E (Form 990 c	• •			
3 🗌 A hospital or a	cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A)(iii).		
4 A medical rese	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
hospital's nam	e, city, and state:						
5 🗌 An organizatio	n operated for the ben	efit of a college or	university owned or opera	ated by a g	jovernment	al unit described in	
section 170(b)(1)(A)(iv). (Complete	Part II.)					
	•	•	init described in section				
	•		t of its support from a gov	/ernmental	unit or fror	n the general public	
_	ection 170(b)(1)(A)(v		,				
_ `	rust described in sect		, , ,			with a land support called	
	•		ion 170(b)(1)(A)(ix) ope		•		je
university:	a non-land-grant colle	ege of agriculture (s	see instructions). Enter th	e name, ci	ly, and state	e of the college of	
·	n that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons memb	ership fees and gross	
	•	()	subject to certain excepti				
•		•	siness taxable income (le		,		
			section 509(a)(2). (Com		,		
11 An organizatio	n organized and operation	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12 🗌 An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3
of one or more	publicly supported or	ganizations descril	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3).
Check the box	in lines 12a through 1	2d that describes th	ne type of supporting orga	anization a	nd complet	e lines 12e, 12f, and 1	2g.
a 📃 Type I. A	supporting organizatio	on operated, superv	rised, or controlled by its	supported	organizati	on(s), typically by givir	ng
	• ()		appoint or elect a major	rity of the c	lirectors or	trustees of the	
	•	-	IV, Sections A and B.				
		•	ontrolled in connection w		-	.,	
	•		on vested in the same pe	rsons that (control or n	nanage the supported	
	on(s). You must com			nontion w	ith and fur	otionally integrated wi	th
	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.						
_			g organization operated i				n(s)
- 1			generally must satisfy a d				
			e Part IV, Sections A a				
		-	determination from the IF			Гуре II, Туре III	
	-		ntegrated supporting orga				
f Enter the number	per of supported organ	nizations					
g Provide the fol	owing information abo	out the supported or	ganization(s).				1
(i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	°	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
						·····,	,
				Yes	No		
(A)							
(B)							
(C)							
(D)							
		1	1	1	1 1		

(E)

	rt II Support Schedule for Organiz		ribed in Sect	ions 170(b)((vi)
	(Complete only if you checked the Part III. If the organization fails to						lify under
Sor	ction A. Public Support	J quality unue		sted below, p	lease comple		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2017	(4) 2010	(0) 2010	
•	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						
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)						
_	Public support. Subtract line 5 from line 4						
_	ction B. Total Support	1	1	1	1	1	
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4.0	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s		<u> </u>			12	
	First five years. If the Form 990 is for the or						<u>)(2)</u>
15	organization, check this box and stop here						_
Sec	ction C. Computation of Public Suppo						· · · · · F
14	Public support percentage for 2019 (line 6, c			column (f))		14	%
15						15	%
-	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualifie						
b	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	. If the organiza	ation did not ch	neck a box on l	ine 13, 16a, or	[•] 16b, and line 1	4 is
	10% or more, and if the organization meets	the "facts-and-	circumstances	" test, check th	nis box and sto	op here. Explair	n in
	Part VI how the organization meets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as a	a publicly suppo	orted
	organization						► 🗌
b	10%-facts-and-circumstances test - 2018.	. If the organiza	ation did not ch	neck a box on l	ine 13, 16a, 16	6b, or 17a, and	line
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization mee	ts the "facts-ar	nd-circumstanc	es" test. The c	organization qu	alifies as a pub	licly
	supported organization						
18	Private foundation. If the organization did r						_
	instructions						<u> ► [</u>

Pa	art III Support Schedule for Organiz						
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	/ under the tes	sts listed belo	w, please co	mplete Part I	l.)	
_	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	105,212	164,598	128,371	81,839	97,177	577,197
2	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	323,442	336,846	349,204	363,562	332,620	1,705,674
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						
	Total. Add lines 1 through 5	428,654	501,444	477,575	445,401	429,797	2,282,871
<i>i</i> a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
D	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						
~	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							2 202 071
Sor	ction B. Total Support						2,282,871
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	428,654	501,444	477,575	445,401	429,797	2,282,871
	Gross income from interest, dividends,	420,034	501,111	111,515	445,401	125,151	2,202,071
	payments received on securities loans, rents,						
	royalties, and income from similar sources	39	11	10	12	7	79
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	39	11	10	12	7	79
	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.)	428,693	501,455	477,585	445,413	429,804	2,282,950
14	First five years. If the Form 990 is for the or	ganization's firs	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c))(3)
	organization, check this box and stop here						· · · · · ► 🗌
	ction C. Computation of Public Suppor					1	
	Public support percentage for 2019 (line 8, c					15	100.00 %
	Public support percentage from 2018 Sched					16	99.99 %
Sec	ction D. Computation of Investment Inc						
17	1 5 (17	0.00 %
18	1 5					18	0.00 %
19a	a 33 1/3% support tests - 2019. If the organiz						
~	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2018. If the organiz						
~~	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	K this box and	see instruction	s 🕨 📋

Vermont Independent Media Inc.

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Schedule A (Form 990 or 990-EZ) 2019

ect	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P ion A. All Supporting Organizations	mplete		
			Yes	Ν
1	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.	1		
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).	2		
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
с	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.	3c		
a	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 (b) and (c) below.	4a		
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.	4b		
с	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.	4c		
a	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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	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).	7		
	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).	8		
а	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.	9a		
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.	9b		
С	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.	9c		
)a	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.	10a		
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.)	10b		

Vermont Independent Media Inc.

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Vermont Independent Media Inc.	20-2140604	F	Page 5
Part IV Supporting Organizations (continued)			
		Yes	No
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	(b) and (c)		
below, the governing body of a supported organization?	11:	a	
b A family member of a person described in (a) above?	111	b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide			
Section B. Type I Supporting Organizations		-	
		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the po			
regularly appoint or elect at least a majority of the organization's directors or trustees at all time	-		
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, s	-		
controlled the organization's activities. If the organization had more than one supported organi	ization,		
describe how the powers to appoint and/or remove directors or trustees were allocated among	g the supported		
organizations and what conditions or restrictions, if any, applied to such powers during the tax	year.		
2 Did the organization operate for the benefit of any supported organization other than the support	-		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," e			
VI how providing such benefit carried out the purposes of the supported organization(s) that op			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations	L		
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of	f the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part V			
or management of the supporting organization was vested in the same persons that controlled			
the supported organization(s).	1 I		
Section 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 r	month of the		
organization's tax year, (i) a written notice describing the type and amount of support provided			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and	•		
organization's governing documents in effect on the date of notification, to the extent not previo			
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by		-	

- 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).*
- **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.*

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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- **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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** 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.*

2a

2b

3a

2

3

Yes

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	-		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	zations	s must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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			
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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		
6 Multiply line 5 by .035. 7 December 2015	7		
7 Recoveries of prior-year distributions			
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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		
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	integr	ated Type III supporting	organization (see
instructions).			

Vermont Independent Media Inc.

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

20-2140604

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Schedu Par	ILE A (Form 990 or 990-EZ) 2019 Vermont Independent Media t V Type III Non-Functionally Integrated 509(a)(3		20-214 zations (continued)	0604 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	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 purpose	s of supported organizat	ions	
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	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
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

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

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

Filers of:	Section:
Form 990 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-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 covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

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

х 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.

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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Vermont Independent Media Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ECMC Foundation 1 Imation Place Bldg 2 Saint Paul, MN 55128	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Fonda Family Foundation Inc 1718 Peachtree St NW Atlanta, GA 30309	\$6,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Katherine and Bill Schubart Edward Jones Brattleboro, VT 05301	\$9,931	PersonxPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Vermont Community Foundation <u>3 Court St</u> <u>Middlebury, VT 05753</u>	\$5,350	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	Stewart & Dorothy Read 1 Hapgood St Bellows Falls, VT 05101	\$16,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Employer identification number 20-2140604

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990	, 990-EZ, or 990-PF) (2019)

Name of organization

Vermont Independent Media Inc.

Part II	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space	e is needed.
(a) No.		(c)	<i>(</i>))

(a) No. (b) from Description of noncash property gives the second		(c) FMV (or estimate) (See instructions)	(d) Date received
	124 shares Dominion		
	Energy Inc	—	
		\$9,931	12-20-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No.		\$	
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

20-2140604

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.

OMB No. 1545-0047

2019

			10, 11a, 11b, 11c, 11d, 11e	, 111, 12d, 01 120.	-	-	
Depart	ment of the Treasury		Attach to Form 990.			Open to	
	Internal Revenue Service Form990 for instructions and the latest informati					Inspecti	on
	of the organization			E	mployer identification		
		lent Media Inc.			20-2140604		
Pa		tions Maintaining Donor Advised Fu			nts.		
	Complete	if the organization answered "Yes" on					
	-		(a) Donor advised	d funds	(b) Funds an	d other accoun	ts
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		It end of year	uitin n that the second hald in				
5	•	on inform all donors and donor advisors in w	•				
6	•	inization's property, subject to the organizati	-			∐ Yes	∐ No
6	-	on inform all grantees, donors, and donor ad					
	-	purposes and not for the benefit of the dono					
Dai	- · ·	issible private benefit?	<u></u>		• • • • • • • • •	Yes	∐ No
ra		e if the organization answered "Yes" o	n Form 990 Part IV/ lin	0.7			
1		servation easements held by the organization		e 7.			
		of land for public use (e.g., recreation or edu			historically importa	nt land area	
	Protection of r			7	certified historic st		a
	Preservation of		L		certined historic st	uciule	
2		hrough 2d if the organization held a qualified	conservation contribution	in the form of a cons	envation		
2		ast day of the tax year.				End of th	- T V
а						he End of th	e Tax Year
b							
c	-	vation easements on a certified historic structure					
d		vation easements included in (c) acquired a			20		
u			· · · · · · · · · · · · · · · · · · ·		2d		
3		vation easements modified, transferred, rele					
5	tax year ►		asea, exanguishea, or tern	initiated by the organ			
4	· · · · · · · · · · · · · · · · · · ·	where property subject to conservation ease	ment is located				
5		tion have a written policy regarding the period		handling of			
5	•	orcement of the conservation easements it h	•			☐ Yes	□ No
6		r hours devoted to monitoring, inspecting, ha					
Ū		nous devoted to monitoring, inspecting, na		loreing conservation		the year	
7		 es incurred in monitoring, inspecting, handlir	na of violations, and enforce	ing conservation eas	ements during the	vear	
	► \$					your	
8	-	vation easement reported on line 2(d) above	e satisfy the requirements o	of section $170(h)(4)(l$	B)(i)		
•	and section 170(h)		• •		, ()	Yes	No
9	()	be how the organization reports conservation					
-		I include, if applicable, the text of the footnot		•			
		ounting for conservation easements.	g				
Pa		zations Maintaining Collections	of Art. Historical Tr	easures, or Oth	ner Similar As	sets.	
	U	te if the organization answered "Yes" of					
1a	,	elected, as permitted under FASB ASC 958			ance sheet works		
	•	asures, or other similar assets held for public	•				
		Part XIII the text of the footnote to its finan					
b		elected, as permitted under FASB ASC 958			e sheet works of		
-	•	ures, or other similar assets held for public e	•				
		ng amounts relating to these items:	,		,		
	•	ded on Form 990, Part VIII, line 1			· · · · ► \$		
		ed in Form 990, Part X					
2		received or held works of art, historical trea					
-	-	required to be reported under FASB ASC 9		-			
а	•	on Form 990, Part VIII, line 1	-		▶ \$		
		Form 990. Part X					

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the oparizations accession, and other records, check any of the following that make significant use of its a Potic exhibition d Loar or exchange programs b Bill exhibition of the organizations accession, and other records, check any of the following that make significant use of its b Scholarly research e Other complete in the organization scale exhibition of an instanced as part of the organization's exempt purpose in Part Ne 5 Sung the year, diff the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 9 Derivation with examplement in Part XIII chance Part IV Escrow and Custodial Arrangements. 1 Is the organization anagent truble, custodian or other intermodiary for contributions or other assets not include an anagent truble, custodian or other intermodiary for contributions or output assets into include an anagent truble, custodian on sowered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 90, Part X, line 10, include an anagenet truble, the reservance include an Part XIII. 9 Derivation with examplement in Part XIII. Chance were the septembolic has been provided an Part XIII. 1 Tota contrain the organization answered "Yes" on Form 990, Part IV, line 10, include an Part XIII. <tr< th=""><th></th><th>ule D (Form 990) 2019 Vermont Indeper</th><th></th><th></th><th>·</th><th>-</th><th></th><th>20-214</th><th></th><th>Page 2</th></tr<>		ule D (Form 990) 2019 Vermont Indeper			·	-		20-214		Page 2
collection terms (check all that apply): d Loan or exchange programs c Preservation for future generations d Loan or exchange programs c Preservation for future generations d Other									Assets (CO	ntinued)
a b b c c c b c c c c c c c c c c c c c	3		n, and other records,	check any	of the follo	owing that ma	ke signi	ficant use of its		
b					٦.					
C Preservation for future generations Provide a description of the organization solicitor receive dorations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and out to be maintained as part of the organization's collection? Complete if the organization or other intermediary for contribution or other assets not included on Form 990, Part X, line 21. Is the organization and out to be cartered by the organization's collection? Complete if the organization or other intermediary for contribution or other assets not included on Form 990, Part X, line 21. Is the organization and out to be addition or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990. Part X, line 21, for escrow or cusofiel account liability? Complete if the organization answered 'Yes' on Form 990, Part X, line 20. If a beginning of year balance					-		program	S		
4 Provide a description of the organizations collections and explain how they further the organization is exempt purpose in Part XI. 5 During the year, dd the organization solicit or raceive donations of art, historical treasures, or other similar assets to be odd to rade funds rather them to be maintering as part of the organization's collection?	b			e	Other					
Xiii. So During the year, did the organization solicit or receive donations of art, historical treasues, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IW Escrew and Custodial Arrangements. Yes Or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 21, line 21, line 23, line 24, lin		_								
5 During the year. ddi the organization solition or occive donations of art. historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?. Image: The State organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custadian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Image: The Organization angent, trustee, custadian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Image: The Organization angent, trustee, custadian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: The Organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: The Organization angent, trustee, custodiar angent, trustee, custo	4		lections and explain	how they fu	rther the c	organization's	exempt	purpose in Part		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_									
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent trustee, custodan or other intermediary for contributions or other assets not included on form 990, Part X, line 72. Image: Imag	5									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control Contret Contrel Control Control Control Control Control Cont	Da			irt of the org	anization	rs collection?.	• • •		. 🗌 Yes	
1990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X? 1 Ves, "explain the arrangement in Part XIII and complete the following table:	Га			on Form	000 Da	ort IV/ line (ported on an	ount on E	orm
1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Image: Control Contrel Contro Control Contrel Control Contreconte Control Control Con			answered res		990, F a		9, 01 Te	poneu an an		
included on Form 390, Part X?	10	· · ·	or other intermedia	av for contrik	utions or	othor accote	not			
b If "Yes," explain the arrangement in Part XIII and complete the following table:	Ia			-						
c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1d f Ending balance 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Battow Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Part V Endowment Funds. Image: Contributions Ves No Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions (e) Four years back. (f) Four years back. (f) Four years back. Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions Image: Contributions	h						•••	••••	🗋 163	
c Beginning balance 1c d Additions during the year 1e 1 1e 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit Y'es' explain the arragement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. (e) Two years back. (f) Two years back. (f) Two years back. (f) Four years back. <t< th=""><th>U</th><th></th><th></th><th>wing table.</th><th></th><th></th><th></th><th>Δ</th><th>mount</th><th></th></t<>	U			wing table.				Δ	mount	
d Additions during the year id e Distributions during the year id i Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV Image: State	c	Beginning balance					10		mount	
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f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Net Net 2b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Net Net Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (d) Three years back (e) Four years back four years back										
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1a Beginning of year balance								(d) Three years bac	k (e) Foury	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
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d Grants or scholarships	с	Net investment earnings, gains, and								
e Other expenditures for facilities and programs		losses								
programs	d	Grants or scholarships								
f Administrative expenses	е	Other expenditures for facilities and								
g End of year balance		programs								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (o) Foot or other basis (other) (c) Accumulated depreciation depreciation 1a Land	f	Administrative expenses								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	-								
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (c) Accumulated (d) Book value 1a Land	2	Provide the estimated percentage of the current	nt year end balance	(line 1g, col	umn (a)) l	held as:				
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations isted as required on Schedule R? (iii) Bescription in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value I a Land Leasehold improvements (a) Cost or other basis (c) Accumulated (d) Book value (d) Equipment (d) Accumulated (d) Book value (d) Equipment (d) Accumulated (d) Equipment (d) Accumulated (d) Accumulated (d) Equipment<!--</th--><th>а</th><th>Board designated or quasi-endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>	а	Board designated or quasi-endowment	%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value<th>b</th><th>Permanent endowment</th><th>6</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>	b	Permanent endowment	6							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Restrict or other basis (other) (iii) Restri	С									
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3b 3c 3b 3c 3b										
(i) Unrelated organizations 3a(i) 3b 3c 3b 3c 3b 3c 3b 3c 3c </th <th>3a</th> <th></th> <th>sion of the organizat</th> <th>ion that are</th> <th>held and</th> <th>administered</th> <th>for the</th> <th></th> <th>Г</th> <th></th>	3a		sion of the organizat	ion that are	held and	administered	for the		Г	
(ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										res No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land		.,								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>• • •</th> <th></th> <th>. 3b</th> <th></th>							• • •		. 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Image: Colspan="2">Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. b Buildings (c) Accumulated depreciation (d) Book value c Leasehold improvements Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspa=""Colspa=""Colspa=""Colspan="2"Colspan="2"Colspan="2"Colspan="2"				wment fund:	3.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	ra			on Earm		ort IV/ line 1	110 0	oo Earm 000	Dort V lin	o 10
Image: Non-Structure (investment) (other) depreciation 1a Land		· · · · · ·								
a public exchange programs b b brite-interme (check all that apply): a chan or exchange programs b brite-interme (check all that apply): a chan or exchange programs c Provide adcription of the organization societ or receive donations of art, historical treasures, or other similar assets to be add to rather than to be maintained as part of the organization's collection?. Ives Part IVI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, fusible, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Ives b If "Yes," regulain the arrangement in Part XIII and complete the following table: Ives c Beginning balance Ives: Ives: avglain the arrangement in Part XIII and complete the following table: c Beginning balance Ives: avglain the arrangement in Part XIII check here if the explanation has been provided on Part XIII c Dubt to complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. d Grants or scholarbitos i 0) <i>Currery ord</i> (a) Two years tack (d) Tree years tack (d) Free		/alue								
b Buildings Image: Constraint of the state of the st	12	Land		-,	(,,	J			
c Leasehold improvements										
d Equipment 20,250 20,250 e Other Other Other Other		5								
e Other				20.250				20 250		
								20,230		
			I	rt X. columr	(B). line	10c.)				

Schedule D (Form 990) 2019

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Schedule D (Form	990) 2019 Vermont Independent Media In	nc.	20-2140604 Pa	ige 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 2	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	derivatives			
(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 answered "Yes" on For	m 990, Part IV, line	e 11c. See Form 990, Part X, line 1	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)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line '	15.
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

(6) (7)

(8) (9)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2 Payr	oll taxes	31,344
(3Cred	lit line	21,545
(4 L oan	from major donor	6,000
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 25.) .	▶ 58,889

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.

►

Sched	ule D (Form 990) 2019 Vermont Independent Media Inc.	20-2140604	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per 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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
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		
С	Other losses		
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 IX, line 25, 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Pa	rt XIII Supplemental Information.		

Provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L		Transactions With Intereste	d Persons	l	OMB No.	1545-004	17
(Form 990 or 990-EZ)	 Complete if the second s	ne organization answered "Yes" on Form 990 28b, or 28c, or Form 990-EZ, Part V, line		25b, 26, 27, 28a,	20)19	
Department of the Treasury Internal Revenue Service	► Go	Attach to Form 990 or Form 99 to www.irs.gov/Form990 for instructions ar		nation.	Open T Inspect		ic
Name of the organization		- -		Employer identification	number		
Vermont Independ	dent Media Inc	·		20-2140604			
Part I Excess	Benefit Transacti	ons (section 501(c)(3), section 501(c)(4),	and 501(c)(29) o	rganizations only).			
Complet	te if the organizatio	n answered "Yes" on Form 990, Part IV, li	ne 25a or 25b, o	r Form 990-EZ, Pa	rt V, line 4	10b.	
A (1)11 (1)		(b) Relationship between disqualified person and				(d) Corr	ected?
1 (a) Name of disqu	alified person	organization	(c) De	escription of transaction		Yes	No
(1)							
(2)							
			1			1	

(3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ►

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	lue (g) In defau		In default? (h) Approved by board or committee?		agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) Jane Noyes	Secretary - former	operations	x		6,500	6,500		x		x		x
(2) Barry Aleshnick	President	operations	x		4,000	8,260		x		x		x
Carolyn (3) Taylor-Olsen	Former board	operations	x		7,000	20,317		x		x		x
(4) Richard Witty	former Treasurer Key	operations	x		20,500	1,257		x		x		x
(5) Jeff Potter	Key Employee	operations	х		2,000 ▶\$	2,000		x		x		x

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. EEA

Schedule L (Form 990 or 990-EZ) 2019

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Schedule L (Form 990 or 990-EZ) 2019Vermont Independent Media Inc.20-2140604Page 2Part IVBusiness Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (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. Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Employer identification number

Name of the organization Vermont Independent Media Inc.

20-2140604

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

990 Overflow Statement	2019 Page 1
Vermont Independent Media Inc.	20-2140604
Description Donations Grants Total:	Amount \$ 80,700 10,350 \$ 91,050
Description Freelancers Total:	<u>Amount</u> <u>\$ 10,265</u> \$ 10,265
Description Commissions and fees Total:	<u>Amount</u> <u>\$ 4,595</u> \$ 4,595
Occupancy	
Description Rent Telephone & internet Total:	Amount \$ 11,120 3,733 3,733 \$ 14,853
Program Services Insurance	
Description	Amount
Worker Comp Key Man Insurance	\$ 2,200 268
	\$2,468
Insurance	
Description Liability Worker comp Total:	Amount \$ 1,391 202 \$ 1,593

990	Overflow Statement		2019 Page 2
Name(s) as shown on return			EIN
Vermont Indeper	ndent Media Inc.		20-2140604
	Other Expenses		
Description			Amount
<u>Postage & deliv</u>	very		\$ <u>10,23</u>
		Total:	\$10,23
	Other Expenses		
Description			Amount
Payroll process	sing fees		\$ 3,92
Supplies			1,32
	charges		21
Application fee			40
		Total:	\$5,95