Form	99	0		Roturi	n of Organizatio	n Exempt	From Incor	no Ta	v			OMB No. 1	545-0047
Form	1 33	~	1	Neturi		n Evenibr						201	7
), 527, or 4947(a)(1) of t			-		ions	5)		
Depar	rtment of th	e Treasury	▶		nter social security num		•	•				Open to	
	al Revenue				vww.irs.gov/Form990 fo	or instructions			n.			Inspec	tion
			ar year, or tax				, 2017, and ei	nding				, 20	
_	Check if ap				ont Independent	Media Inc.	•					ployer identi	
	Address ch	-	Doing business							-		2140604	
=	Name chan	·			ox if mail is not delivered to street	address)		Room/su	uite			phone numb	
=	nitial return		139 Mai:					604		\rightarrow	-	2)246-6	397
=		/terminated	,		, country, and ZIP or foreign post	tal code						ss receipts	
_	Amended re		Brattle			-1				_	\$		/,586 es X No
/	Application	pending	F Name and addr		-	SUUICK			Is this a group r				
		t atatuar 🔽	Same as 501(c)(3)	501(c) (· –	7(a)(1) or	527	H(D) /	Are all subor				
	Tax-exemp	► N/A	501(0)(3)	501(0) () (Insert no.) 494	r/(a)(1) 01	527		Group exer			e instructions	5)
			Corporation	Trust Ass	sociation Other ►		L Year of formation: 2		M State	•			
	rt I	Summar						.005	W State	oriegi			
Iu				ation's miss	ion or most significant ac	tivities: Prot	motion of pul	blic m	nedia 1	i+4	araci	v and l	ocal
		-	driven med		ion of most significant do			biic n	lieura		erac	y and i	ocar,
çe	<u>`</u>	SICIZEII-(di i ven met										
nan	-												
ver	2	Chock this he	ov ► ☐ if the (vrapnizatio	n discontinued its operation	and or disposed	of more than 25%	of its not	accote				
Activities & Governance				0	erning body (Part VI, line	•			1	3	1		2
ø			-	-	s of the governing body (t t	4			<u>3</u>
ties			•	0	0 0 ,	,			ł	5			<u>3</u> 12
ť					n calendar year 2017 (Pa				f	6			
Ă					necessary) Part VIII, column (C), line				ł	7a			<u>7</u> 0
					e from Form 990-T, line 34				ł	7a 7b			0
			u business laxa		10111 F0111 990-1, line 34	+	•••••		· · · ·	70		Current Ye	
	8 (Contributions	and grants (P	ort VIII ling	1h)		_	P	164	50	0		.22,810
ē					e 2g)				336				354,761
Revenue		-			A), lines 3, 4, and 7d)		-		550	,01	<u> </u>		0
Rev					nes 5, 6d, 8c, 9c, 10c, and		F			1	1		15
_			•		must equal Part VIII, colu	,	-		501		-	4	17,586
					IX, column (A), lines 1-3)				501	, 15		-	0
					X, column (A), line 4) \cdot								0
					e benefits (Part IX, colum				308	. 97	8	2	281,905
ses					column (A), line 11e)		· –			,41			2,787
Expenses			0	· ·	lumn (D), line 25)		96,700		,	/			
Ă			0 1		nes 11a-11d, 11f-24e)				217	.56	9	2	211,826
			· · · ·	(),	equal Part IX, column (A		-		533				96,518
					18 from line 12				(32				18,932)
es								Beginning	of Current		-	End of Ye	
Net Assets or Fund Balances	20 -	Total assets	(Part X, line 16)					58	,50	4		13,553
Ass d Ba	21 -	Total liabilitie	s (Part X, line 2	26)			[102				85,380
Pure	22 1	Net assets o	r fund balances	s. Subtract	line 21 from line 20				(44	,47	2)		71,827)
Pa	rt II	Signatu	re Block				·						
					Irn, including accompanying sche			knowledge	and belief, it	is			
true,	correct, an	la complete. Dec	claration of preparer	(other than of	icer) is based on all information of	or which preparer has	s any knowledge.						
		Barry	y Aleshnic	k									
Sig	n]	Signature	e of officer							Dat	е		
Her	e	Barry	y Aleshnic	k, Pres	ident								
			print name and title										
		Print/Type pre	parer's name		Preparer's signature		Date	(Check 🔀	if	PTIN		
Pai	d	Menda W	aters		Menda Waters		11-07-2018		self-employe	d	P0	052334	9
Pre	parer	Firm's name	► N	lenda Wa	iters			Firm's El	IN 🕨				
	e Only	Firm's address			Northfield Rd			Phone n	0.				
					eld MA 01360					3-4	498-5	5746	
May	the IRS	discuss this			nown above? (see instruc	tions)						_	No
For	Paperwo	ork Reductio	on Act Notice,	see the se	parate instructions.								90 (2017)

Form	n 990 (2017) Vermont Independent Media Inc.	20-2140604 P	age 2
	rt 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 <u>x</u> No	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes <u>x</u> No	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 336,960 including grants of \$) (Revenue	\$ 354,761)
	Weekly publication of The Commons, a free locally-produced newspaper. The C	ommons encourages	
	local participation in reporting and debating local news, providing a venue	for dialog for	
	the citizens of Windham County.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 336,960)	
EEA		Form 990 (2017)

	990 (2017) Vermont Independent Media Inc. 20-21406	04	Р	age 3
Pa	rt IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
EEA	If "Yes," complete Schedule G, Part III		990 (2	X 2017)
LUA				<u>~~</u>)

Form **990** (2017)

	990 (2017) Vermont Independent Media Inc. 20-2140 t IV Checklist of Required Schedules (continued) 20-2140	004	P	age 4
			Yes	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2	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
;	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
;	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		Δ
		31		v
		31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	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			Х
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
)	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		Х
	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
	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
		37		X

Form **990** (2017)

Form	990 (2017) Vermont Independent Media Inc.	20-2140604	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	12	37	
b		2b	Х	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
3а ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			X
b		JD		
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			
		4a		Х
b	If "Yes," enter the name of the foreign country:	· · · · · · · · · · · · · · ·		A
D	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?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е				Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
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. Did the sponsoring organization make any taxable distributions under section 4966?	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form	990 (2017) Vermont Independent Media Inc. 20-	21406	04	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins	structions	5.		_
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	tion A. Governing Body and Management				
		г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	3			
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				37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4		••••	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	••••	5		X
6 7-	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		70		v
h	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		70		
0	the year by the following:				
а	The governing body?		8a	Х	
a 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	••••	00	21	
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	••••	•		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?	[13		Х
14	Did the organization have a written document retention and destruction policy?	••••[14		Х
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly)			
	available for public inspection. Indicate how you made these available. Check all that apply.				
	□ Own website □ Another's website ☑ Upon request □ Other (<i>explain in Schedule O</i>)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd			
	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 (201	7) Vermont Independent Media Inc.	20-2140604	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employee	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 to organization's to the total to	is table for all persons required to be listed. Report compensation for the calendar year ending with or w ax year.	ithin the	

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Tile (e) Average result (f) Average result (f) For the disconnect mome beam of the demonstration of the demonstration result demonstratin result demonstr				2.100		C)					
President X 0 0 0 (2) Jane Noyes 4.00 X 0 0 0 Secretary & Treasurer 4.00 X 0 0 0 (3) Carolyn Taylor-Olsen 4.00 X 0 0 0 Vice President X 0 0 0 0 (4) X 0 0 0 0 (5)		Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	Pos eck m ss per d a dir	sition ore th son is rector/	both ar (trustee)	n I	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
Secretary £ Treasurer X 0 0 0 (3) Carolyn Taylor-Olsen 4.00 X 0 0 0 Vice President X 0 0 0 0 0 (4)	President				X					o o	0
(3) Carolyn Taylor-Olsen 4.00 X 0 0 0 (4) X 0 0 0 0 (4) X 0 0 0 0 (5) X 0 0 0 0 (6) X 0 0 0 0 (7) X 0 0 0 0 0 (8) X 0		<u>4.00</u>			Х					o o	0
(5)	(3) Carolyn Taylor-Olsen Vice President				X					0 0	0
Image: Constraint of the second se											
(9)											
(10)	(8)										
(11)											
(12)											
(13)	(11)										
<u>(14)</u>											
E	<u>(14)</u>										

	90 (2017) Vermont Independen									20-2140	504	P	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			st Con	nper	sated Employee	s (continued)			
	(A)	(B)			(C Posi				(D)	(E)		(F)	
	Name and title	Average					ian one both an		Reportable	Reportable	E	stimated	
		hours per			•		trustee)		compensation	compensation from		mount of	
		week (list any	9 5	-	Q	Z	e I	5 7	from the	related organizations		other	20
		hours for related	divic	stitu	Officer	әу ег	nplo	Forme	organization	(W-2/1099-MISC)		from the	011
		organizations	Individual trustee or director	nstitutional trustee		Key employee	yee	2 -	(W-2/1099-MISC)	, ,		ganizatio	
		below dotted line)	rust	l tru		yee	mpe	8				nd relate anizatio	
		inter	ee	stee			riignest compensated employee	200				janizatio	13
							led	5					
(15)													
<u>(19)</u>													
(16)													
1 2													
(17)													
(18)													
(19)													
											-		
(20)													
(04)													
(21)													
(22)								-					
<u>(</u>													
(23)													
<u> </u>													
(24)													
(25)													
1b	Sub-total		•••	•••	•••	•••	•••	►					
C	Total from continuation sheets to Part VII, Sectio		• • • •				•••	►			-		
d	Total (add lines 1b and 1c)								0				0
2	Total number of individuals (including but not limited	d to those list	ed abo	ve)	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r or trustee	kev en	nnlo	VPP	or	hiahea	st co	mnensated			103	NO
Ū	employee on line 1a? If "Yes," complete Schedule		-		-		-				3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co												
	for services rendered to the organization? If "Yes,"	' complete So	chedule	e J fe	or s	uch	perso	n			5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate	d independer	nt contr	racto	ors tl	hat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report compen-	nsation for the	e calen	dar	yea	reno	ding w	ith o	r within the organiz	zation's tax			
	year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n

2	Total number of independent contractors (including but not limited to the	ose listed above) who
	received more than \$100,000 of compensation from the organization	►

Form 99	<u> </u>	17) Vermont Statement of Revenu	Independent	Media Inc.			20-21406	04 Page 9
Fail	VIII	Check if Schedule O contair		ote to any line in th	is Part VIII			Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	1a	Federated campaigns	1a					
nut	b	Membership dues	1b	32,931				
An G	c	Fundraising events	1c	6,115	_			
ilar İlar	d	Related organizations						
ns, Sim	е	Government grants (contribution			-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr						
l Otl		and similar amounts not includ		83,764	-			
anc	g	Noncash contributions include			-			
	h	Total. Add lines 1a-1f			122,810			
e				Business Code				
venu		Advertising Sales		511110	352,061	352,061		
e Re		Custom Publishing		511110	2,700	2,700		
ervice	c d							
л С	e							
Program Service Revenue	-	All other program service rever						
P.		Total. Add lines 2a-2f			354,761			
		Investment income (including d						
		and other similar amounts) .						
	4	Income from investment of tax-	exempt bond proc	eeds►				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d Net rental income or (loss)		<u></u>					
	7a	Gross amount from sales of (i) Securities		(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			-			
		Net gain or (loss)			-			
ne		Gross income from fundraising						
Other Revenue		events (not including \$	6,115					
Rev		of contributions reported on line						
her		See Part IV, line 18	a					
5	b	Less: direct expenses	b					
	c	Net income or (loss) from funde	aising events .	<u> </u>				
	9a	Gross income from gaming act	ivities.					
		See Part IV, line 19	a					
		Less: direct expenses						
	C	Net income or (loss) from gami	ng activities	· · · · · · •				
	10a	Gross sales of inventory, less						
		returns and allowances			-			
		Less: cost of goods sold		·	-			
	c	Net income or (loss) from sales	s or inventory					
	110	Miscellaneous Revenue		Business Code	1.0			
		Interest Miscellaneous		511110 511110	10	5		10
	D D			511110	5	5		
		All other revenue						
		Total. Add lines 11a-11d		└─── ─	15			
		Total revenue. See instructions			477,586	354,766	0	1(
			••••••		1,7,500	331,700	0	

Form 990 (2017)	Vermont	Independent	Media	Inc.
Part IX	Statement of	Function	al Expenses		

Do not include amounts reported on lines 6b, 7b,

8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

. • (D) Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses

8D, 9D	o, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
;	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1	trustees, and key employees				
6	Compensation not included above, to disqualified				
1	persons (as defined under section 4958(f)(1)) and				
1	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	248,843	152,683	13,537	82,623
8	Pension plan accruals and contributions (include				
:	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	771	771		
10	Payroll taxes	32,291	19,813	1,757	10,721
11	Fees for services (non-employees):				
	Management				
b	Legal				
С	Accounting	8,104		8,104	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	2,787			2,787
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	30,086	30,086		
	Advertising and promotion	36		36	
	Office expenses	2,902		2,902	
	Information technology	7,056	7,056		
	Royalties				
	Occupancy	16,059		16,059	
	Travel			-	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	4,371		4,371	
	Payments to affiliates	-/			
	Depreciation, depletion, and amortization	2,129		2,129	
		751	268	483	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	Printing	84,537	84,537		
	Dues and memberships	56		56	
-	Allowances	8,100		8,100	
-	Distribution	36,355	36,355	.,	
	All other expenses	11,284	5,391	5,324	569
	Total functional expenses. Add lines 1 through 24e .	496,518	336,960	62,858	96,700
	Joint costs. Complete this line only if the		,		20,700
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here Full if following SOP 98-2 (ASC 958-720)				
EEA					Form 990 (2017

	990 (20		20	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	(4)	· · · ·	
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,564	1	13,553
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	52,811	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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	2,129	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			14	
	15	Other assets. See Part IV, line 11		15	10
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,504	16	13,553
	17	Accounts payable and accrued expenses	40,213	17 18	
	18 19	Grants payable		10	
	20	Tax-exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
6	22	Loans and other payables to current and former officers, directors,		21	
itie:	~~	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	20,757	22	20,757
1	23	Secured mortgages and notes payable to unrelated third parties	207757	23	207757
	24	Unsecured notes and loans payable to unrelated third parties	3,700	24	1,700
	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	38,306	25	62,923
	26	Total liabilities. Add lines 17 through 25	102,976	26	85,380
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright 🔀 and			
D.		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	(44,472)	32	(71,827)
_	33	Total net assets or fund balances	(44,472)	33	(71,827)
	34	Total liabilities and net assets/fund balances	58,504	34	13,553

Form	990 (2017) Vermont Independent Media Inc. 2	20-21	40604		Pa	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		4	77,	586
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	96,	518
3	Revenue less expenses. Subtract line 2 from line 1	3		(18,	932)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(44,	472)
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			(8,	423)
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		(71,	827)
Pa	t 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 in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA			F	Form	990 (2017)

SCHEDULE A

(E)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2017

(Form	990	or	990-EZ)
Departm	ent of	the	Treasury

► Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service

Open to Public Inspection

Name of the organization Employer identification number						cation number		
Ver	mon	t Independent Media Inc.					20-21406	04
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	NS.
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
	hospital's name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	ion 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	ege
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:						
10	Х	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S
		receipts from activities related to its e	exempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and operation	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organization organized and opera	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpos	es
		of one or more publicly supported or	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)). See section 509(a	ı)(3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by gi	ving
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	ust complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by havin	g
		control or management of the sup	oporting organization	on vested in the same pe	rsons that	control or r	manage the supporte	d
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III functionally integrated	I. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated	with,
		its supported organization(s) (se	e instructions). You	u must complete Part l'	V, Sectior	ns A, D, ar	nd E.	
	d	Type III non-functionally integr	rated. A supporting	g organization operated i	n connect	ion with its	supported organizat	tion(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution	requiremer	nt and an attentivenes	S
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type II	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the number of supported organ						•••••
	g	Provide the following information abo	ut the supported or	ganization(s).	1		1	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))	docum	ir governing ient?	support (see instructions)	other support (see instructions)
							-	
					Yes	No		
(A)								
(B)								
(C)								
(D)								

Sched			dent Media 1			20-2140604	
Pa	rt II Support Schedule for Org	ganizations D	escribed in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you check	ked the box or	n line 5, 7, or 8	of Part I or if the	he organization	failed to qualify	under
	Part III. If the organization f	ails to qualify	under the test	s listed below,	please complet	e Part III.)	
Sec	tion A. Public Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources						
•							
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
		,					
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su			••••••		•••••	
14	Public support percentage for 2017 (line 6, c			(f))		14	%
15	Public support percentage from 2016 Sched	.,	•				%
16a	33 1/3% support test - 2017. If the organiz						70
IVa	box and stop here. The organization qualif					· · · · · · · · · · · ·	
b	33 1/3% support test - 2016. If the organiz						· · · • 🖬
b							
470	this box and stop here . The organization q						••••
17a		-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		-	•			
	organization						•••• □
b	10%-facts-and-circumstances test - 2016	-				d line	
	15 is 10% or more, and if the organization r				-		
	Explain in Part VI how the organization mee						_
	supported organization						•••• □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	e	
	instructions						▶□
EEA						Schedule A (For	m 990 or 990-EZ) 2017

		ont Independ				20-2140604	Page 3
Pa	Int III Support Schedule for Org						
	(Complete only if you chec						Part II.
	If the organization fails to q	ualify under the	e tests listed be	elow, please co	mplete Part II.)	
	ction A. Public Support			1	1		
Cale	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,604	123,178	105,212	164,598	128,371	632,963
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	261,538	267,259	323,442	336,846	349,204	1,538,289
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	373,142	390,437	428,654	501,444	477,575	2,171,252
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
_							
8	Public support. (Subtract line 7c from line 6.)						2,171,252
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	373,142	390,437	428,654	501,444	477,575	2,171,252
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	91	92	39	11	10	243
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	91	92	39	11	10	243
Ū					¥×	10	215
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	373,233	390,529	428,693	501,455	477,585	2,171,495
14	First five years. If the Form 990 is for the o						
0	organization, check this box and stop here			•••••			▶ [
	ction C. Computation of Public Su	• •					
15	Public support percentage for 2017 (line 8, co	., .	.,			15	99.99 %
<u>16</u>	Public support percentage from 2016 Schedu			•••••		16	99.99 %
	ction D. Computation of Investme		-				
17	Investment income percentage for 2017 (line		•	.,,		17	0.00 %
18	Investment income percentage from 2016 S					18	0.00 %
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶ 🛛
b	33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	e. The organizatior	n qualifies as a pub	blicly supported or	ganization	► 🔲
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	IS	<u></u> ▶ ∐

	le A (Form 990 or 990-EZ) 2017 Vermont Independent Media Inc. 20-2140 t IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplete	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete I	Part V.)		
ect	ion A. All Supporting Organizations			
			Yes	N
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		
3a	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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	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		
6	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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ŭ		
	(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		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
5	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
		9a		
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	98		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Oh		
-	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	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		
ua	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		

Schedule A (Form 990 or 990-EZ) 2017 Vermont Independent Media Inc.	20-2140604	Р	age 5
Part IV Supporting Organizations (continued)		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		165	NO
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?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide	detail in Part VI. 11c		
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, su	-		
controlled the organization's activities. If the organization had more than one supported organization			
describe how the powers to appoint and/or remove directors or trustees were allocated among			
organizations and what conditions or restrictions, if any, applied to such powers during the tax	year. 1		
2 Did the experimetion encrote for the herefit of any supported experimetion other than the support	artad		
2 Did the organization operate for the benefit of any supported organization other than the support organization (a) that operated supportion of a controlled the supporting organization? If "Yea" of			
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 operation	-		
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations	2		
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of	the directors	100	
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI			
or management of the supporting organization was vested in the same persons that controlled			
the supported organization(s).	1		
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 n	nonth of the		
organization's tax year, (i) a written notice describing the type and amount of support provided	during the prior tax		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and	(iii) copies of the		
organization's governing documents in effect on the date of notification, to the extent not previo	ously provided? 1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by	the supported		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," expla			
the organization maintained a close and continuous working relationship with the supported or			
	-		
3 By reason of the relationship described in (2), did the organization's supported organizations h			
significant voice in the organization's investment policies and in directing the use of the organiz			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the orga			
supported organizations played in this regard.	3		
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 du	uring the year (see instruc	tions)	
a The organization satisfied the Activities Test. Complete line 2 below.	147		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 belo</i>		notruct	ional
 c The organization supported a governmental entity. <i>Describe in Part VI how you supported</i> 2 Activities Test. <i>Answer (a) and (b) below.</i> 	a yovernment entity (See h	Yes	
 A Clivities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tay year directly further the event 	at purposes of	res	No

- 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	10001 1 490
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize			-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
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 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
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	-		
	6		
		ited Type III supportin	g organization (see
	mogre		5 5.94m241011 (000
emergency temporary reduction (see instructions).	-integra	ted Type III supportin	g organization (see

Vermont Independent Media Inc.

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 Vermont Independent Media Inc. 20-2140604 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Section D - Distributions Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 2 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 а **b** From 2013 **c** From 2014 **d** From 2015 **e** From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: \$ **a** Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (For	rm 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.

Name of the organization

Organization type (check one):

			-
vermont	Independent	Media	inc.

20-214060

Employer identification number 20-2140604

Filers of:	Section:		
Form 990 or 990-EZ	✓ 501(c	(3) (enter number) organization
	4947	a)(1) n	onexempt charitable trust not treated as a private foundation
] 527 p	olitical	organization
Form 990-PF	501(c	(3) ex	empt private foundation
	4947	a)(1) n	onexempt charitable trust treated as a private foundation
	501(c	(3) tax	able 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

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 totaling \$5,000 or more during the year

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

OMB No. 1545-0047

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Vermont Independent Media Inc.

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

Part I	Contributors (see instructions). Use duplicate copie		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Diana Bingham 205 Wantastiquet Dr Brattleboro, VT 05301	\$60,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

Employer identification number 20-2140604

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCł	IEDULE D	Supplemental Financial Statements	L	OMB No. 1545-0047
	m 990)	 Complete if the organization answered "Yes" on Form 990, 		2017
		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2017
Depar	ment of the Treasury	► Attach to Form 990.		Open to Public
	I Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
	of the organization		Employer identifica	
Pa		pendent Media Inc. ions Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	20-2140	004
Га		if the organization answered "Yes" on Form 990, Part IV, line 6.		
	Complete	(a) Donor advised funds	(b) Funds and oth	
1	Total number at en	d of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4	Aggregate value a	t end of year		
5	Did the organizatio	n inform all donors and donor advisors in writing that the assets held in donor advised		
	funds are the orga	nization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	-	n inform all grantees, donors, and donor advisors in writing that grant funds can be used		
	-	purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
D				🗌 Yes 🗌 No
Pa		vation Easements.		
1		e if the organization answered "Yes" on Form 990, Part IV, line 7.		
•		ervation easements held by the organization (check all that apply). f land for public use (e.g., recreation or education)	portant land are	2
	Protection of n			a
	Preservation o			
2		through 2d if the organization held a qualified conservation contribution in the form of a conserv	vation	
-		ist day of the tax year.		End of the Tax Year
а			2a	
b	Total acreage rest	ricted by conservation easements	2b	
с	•		2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure lis	ted in the National Register	2d	
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated by the organization	ion during the	
	tax year ►			
4		where property subject to conservation easement is located		
5	-	ion have a written policy regarding the periodic monitoring, inspection, handling of		
	-	procement of the conservation easements it holds?		🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation east	sements during	the year
-	►		e e teo al calco de se de se	
7		es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	ents during the	year
8	► \$	 vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
0	and section 170(h)			🗌 Yes 🗌 No
9	()	be how the organization reports conservation easements in its revenue and expense statement		
Ū		include, if applicable, the text of the footnote to the organization's financial statements that des		
		punting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Other	Similar As	sets.
		e if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	alance sheet	
	works of art, histori	cal treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of	
	public service, prov	vide, in Part XIII, the text of the footnote to its financial statements that describes these items.		
b	If the organization	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar	nce sheet	
		cal treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of	
		vide the following amounts relating to these items:		
		ded on Form 990, Part VIII, line 1		
		d in Form 990, Part X		
2	-	received or held works of art, historical treasures, or other similar assets for financial gain, prov	vide the	
		required to be reported under SFAS 116 (ASC 958) relating to these items:		
a		on Form 990, Part VIII, line 1		
b For I		Form 990, Part X		chedule D (Form 990) 2017

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Sched	lule D (Form 990) 2017 Vermont Indeper	ndent Media In	nc.			20-21406	504	Page
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical 7	Treasures,	or Othe	er Similar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession,	and other records, cl	neck any of the foll	owing that are	a significa	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	n or exchange pro	grams				
b	Scholarly research	e 🗌 Oth	er					
с	Preservation for future generations							
4	Provide a description of the organization's collect	ctions and explain ho	w they further the	organization's	exempt p	urpose in Part		
	XIII.		, ,	J	1 - 1			
5	During the year, did the organization solicit or re-	ceive donations of a	t historical treasu	res or other sir	nilar			
•	assets to be sold to raise funds rather than to be							es 🗌 N
Pa	rt IV Escrow and Custodial Arrang		er the erganization				·	
	Complete if the organization an		n Form 990 P	art IV line 9	or rep	orted an amour	nt on Fo	rm
	990, Part X, line 21.		11 0111 000, 1 0		, от тор	ontou un uniour		
1a	Is the organization an agent, trustee, custodian c	or other intermediary	for contributions of	r other assets r	ot			
Ia		••••••					. 🗆 Y	es 🗌 N
L					• • • •		• 🗆 1	
D	If "Yes," explain the arrangement in Part XIII and	a complete the follow	ing table.			A		
						Amo	unt	
с.	Beginning balance							
d	Additions during the year							
е	0,							
f	Ending balance							
2a	Did the organization include an amount on Form				•			
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the expla	ination has been p	rovided on Par	t XIII		• • • •	•••
Pa	rt V Endowment Funds.							
	Complete if the organization an	swered "Yes" or	<u>n Form 990, Pa</u>	art IV, line 1	0.		-	
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, column (a))	held as:				
а	Board designated or quasi-endowment •	%						
b	Permanent endowment %							
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a	Are there endowment funds not in the possession	on of the organizatio	n that are held and	administered f	or the			
	organization by:	-					[Yes No
							3a(i)	
							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations li						3b	
4	Describe in Part XIII the intended uses of the or	•						
	rt VI Land, Buildings, and Equipm							
	Complete if the organization an		n Form 990 P	art IV line 1	1a See	e Form 990 Par	rt X line	10
	Description of property	(a) Cost or oth		st or other basis		Accumulated	(d) Book	
	Description of property	(a) Cost of oth		(other)		epreciation	(u) 500	value
10	Land	(,	x/				
1a ⊾		•••						
b	Buildings	•••						
C	Leasehold improvements							
d			20,250			20,250		
<u>e</u>	Other			(0)				
Tota	 Add lines 1a through 1e. (Column (d) must eq 	uai Form 990, Part J	x, column (B), line	10c.)		🕨 🛛		

EEA

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (1) Financial derivatives (1) Financial derivatives (1) Financial derivatives (2) Closely-held equity interests (1) Financial derivatives	Schedule D (Form	· · · · · · · · · · · · · · · · · · ·	dent Media Inc.	20-2140604	Page 3
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(includg maner of leasely) Cost or end of year maker value (i) Flancial distributions		Complete if the organization answered	l "Yes" on Form 990, Par	rt IV, line 11b. See Form 990, Part X, I	line 12.
(a) Conservation (b) Conservation (c) Conservation<			(b) Book value	.,	
(a) (b) (b) (c) (c)	(1) Financial	derivatives			
(A)	(2) Closely-h	eld equity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (G) (C) (H) ((3) Other				
(C) (C) (B) (C) (F) (C) (G)	(A)				
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(F)	(D)				
(F)	(E)				
(H) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Decorption of investment (b) Bock value (1) (c) Decorption of investment (a) (b) Bock value (c) (c) Output equal Form 990, Part X, line 13. (a) (c) (b) (c) Bock value (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g)					
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Schedule D (Form 990) 2017

Sched		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.	- I	
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 2a		
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	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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	7	Fransactior	ns Wi	ith Int	erested	l Pers	sons				OMB N	o. 1545-(0047
Form 990 or 990-EZ) ► C	omplete if the org	ganization answe 28b, or 28c, o						7, 28a,			2	017	,
Department of the Treasury					or Form 99							To Pu	ıblic
nternal Revenue Service	► Go to	o www.irs.gov/Fo	orm990	for inst	ructions and	d the la		er identif	ication		Inspe ar	ction	
5	Madia Ing												
Vermont Independent Part Excess Benefit	fit Transaction	s (section 501(c	·)(3) 60	action 5	01(c)(4) and	nd 501		14060					
	e organization a										line 4	l0b	
Complete il th		(b) Relationship betw				0 200 (51 200, 011 0111	000 L	2,10	art v,		(d) Cori	rected?
1 (a) Name of disqualified pe	erson	()	ganization				(c) Description of	f transact	ion			Yes	No
			-										
(1)													
(-)													
(2)													
(3)													
2 Enter the amount of tax in	ncurred by the org	anization manage	rs or di	squalified	l persons dur	ring the	year						
under section 4958		-		•	•	-	•		▶ \$				
									· · ·				
3 Enter the amount of tax.	if anv. on line 2. ab	ove, reimbursed b	ov the o	raanizati	on				▶ \$				
3 Enter the amount of tax, i	if any, on line 2, ab	oove, reimbursed b	by the o	rganizati	on			•••	▶ \$				
			by the o	rganizati	on	• • • •		• • •	► \$ <u></u>				
Part II Loans to and	/or From Intere	sted Persons.					3a or Form 990	Part I			or if t	the	
Part II Loans to and Complete if the	/or From Intere e organization a	sted Persons. nswered "Yes"	on For	m 990-E	EZ, Part V,	 line 38	3a or Form 990,	Part I			or if t	the	
Part II Loans to and Complete if the organization re	/or From Intere e organization a eported an amou	sted Persons. Inswered "Yes" unt on Form 990	on For), Part	m 990-E X, line {	EZ, Part V, 5, 6, or 22.				√, lin	e 26;		1	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(1)

(2)

(3)

(4)

(5)

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 Vermont			20-2140604	F	Page
	Involving Interested Persons				
Complete if the organizat	tion answered "Yes" on Form 9	90, Part IV, line 28a	, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
	interested person and the	transaction		organiz	
	organization			reven	-
				Yes	No
(4) 7-55 D-++		B 056			v
(1) Jeff Potter	Key Employee	7,056	web hosting fees		X
(2)					
(-)					
(3)					
(4)					
(5)					
Part V Supplemental Information	on				
Provide additional informa	tion for responses to questions	on Schedule L (see	e instructions).		

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

17

Open to Public Inspection

20

Employer identification number

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.

990	Overflow Statement		2017 Page 1
Name(s) as shown on return		FE	EIN FAGE I
Vermont Independent	Media Inc.		20-2140604
	Grants and donation	s	
		-	
Description			Amount
Donations Restricted donations			\$ 21,264
	2	Total:	\$ 83,76
	Occupancy		
	occupano,		
Description			Amount
<u>Rent Telephone & internet</u>			\$ 12,292
<u>Repairs & maintenance</u>			
_		Total:	\$ 16,05
	Interest		
Description			Amount
Finance charges			\$ 71!
Line of credit			3,650
		Total:	\$ 4,37
	Insurance		
Description			Amount
Liability			\$ 483 \$ 4 83
		Total:	\$ 48
	Other Expenses		
Description			Amount
Postage & delivery		Total:	\$ 5,393 \$ 5,393
		iocai.	<u> </u>

990	Overflow Statement		2017 Page 2
Name(s) as shown on return Jermont Independ	ent Media Inc.	FEIN	20-2140604
	Other Expenses		
Degarintion			Amount
Description Adminstrative Ex	pense		Amount \$ 3,068
ayroll processi			1,728
<u>Miscellaneous</u>			315
<u>Bank & PayPal ch</u>	arges	Total:	\$ 5,324
		=	
			_ .
Description Bifts and supplice	25		Amount \$ 107
Printing and post			462
		Total: _	\$ 569