990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For t	he 2	2018 calend	dar year, or tax year begi	nning	, 2018, and e	nding		, 20
В	Check	if app	plicable:	C Name of organization Veri	nont Independent Media	Inc.		D Emp	oloyer identification no.
	Addre	ss cha	ange	Doing business as The	Commons			20-2	2140604
	Name	chang	ge	Number and street (or P.O. b	ox if mail is not delivered to street address)		Room/suite	E Tele	phone number
	Initial	return		139 Main Stree	t		604	(802	2)246-6397
	Final r	eturn/	/terminated	City or town, state or province		G Gros	ss receipts		
	Amen	ded re	eturn	Brattleboro, V			\$	457,722	
	Applic	ation p	pending	F Name and address of principa	H(a) Is this a group	return for subordir	nates? Yes X No		
			-	Same as C abov	e e		H(b) Are all subor	dinates include	ed? Yes No
	Tax-ex	kempt	t status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		ttach a list. (se	
			► N/A		, , , , , , , , , , , , , , , , , ,		H(c) Group exer		
				Corporation Trust As	sociation Other ►	L Year of formation: 2		of legal domici	
	art I	_	Summar						
	1	_		•	sion or most significant activities:	Promotion of pu	blic media l	literacy	z and local.
			-	driven media.	non or moore, granical is accounted.		A		dia 100d1)
Se		=	JICIZCII	diiven media.		,			
Activities & Governance		-							
ver		, (Chack this h	ov if the organization	n discontinued its operations or dis	enosed of more than 25%	of its net assets		
ô					erning body (Part VI, line 1a)			3	E
∞					rs of the governing body (Part VI,			4	
ties	l .				n calendar year 2018 (Part V, line			5	5
ξį								6	12
Act	-				necessary)			-	
	'				Part VIII, column (C), line 12 .			7a	0
Revenue		יו מ	vet unrelate	ed business taxable income	e from Form 990-T, line 38			7b	0
	١.		.				Prior Year		Current Year
	8			s and grants (Part VIII, line		,810	81,839		
					e 2g)		354	,761	372,497
	10				A), lines 3, 4, and 7d)	T T			0
œ	1				nes 5, 6d, 8c, 9c, 10c, and 11e)			15	3,386
	12				(must equal Part VIII, column (A),	·	477	,586	457,722
	1:				IX, column (A), lines 1-3)				0
	14			d to or for members (Part I					0
Ś	1				e benefits (Part IX, column (A), lin	·		,905	239,567
Expenses	10				column (A), line 11e)		2	,787	543
ĝ				ising expenses (Part IX, co		57,218			
ú	17				nes 11a-11d, 11f-24e)		211	,826	242,087
	18	ВТ	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line 25	i) <u> </u>	496	,518	482,197
	19	9 F	Revenue les	ss expenses. Subtract line	18 from line 12		(18	,932)	(24,475)
ō	Seol					_	Beginning of Current	Year	End of Year
sets	E 20	T 0	Total assets	(Part X, line 16)			13	,553	0
Net Assets or	<u> </u>			, ,			85	,380	99,894
$\overline{}$		_			line 21 from line 20		(71	,827)	(99,894)
	art II	_		ire Block					
					urn, including accompanying schedules and ficer) is based on all information of which pre		knowledge and belief, it	IS	
0:4				y Aleshnick					
Sig			Signatur	re of officer				Date	
He	re			y Aleshnick, Pres	sident				
			Type or	print name and title	1				
			Print/Type pre	eparer's name	Preparer's signature	Date	Check X	if PTIN	
Pa			Menda V	Waters	Menda Waters	11-12-2019	self-employe	d XX	XXXXXX
	epar		Firm's name	► Menda Wa	aters		Firm's EIN ▶		
Us	e Oı	nly	Firm's addres	ss ▶ 146 Wes	Northfield Rd		Phone no.		
				Northfie	eld MA 01360		41	3-498-5	5746
May	/ the	IRS	discuss this	return with the preparer s	nown above? (see instructions)				X Yes No

20-2140604

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		7.7
_	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,	_		37
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
'	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? <i>If</i> "Yes,"	•		21
	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		Х
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		Χ
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7.7	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	3	445		77
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		X
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		21
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		Χ
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		Χ
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			7.7
46	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?	40		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	admidding government on i are ix, dolumn (x), into i : ii rod, dolinpioto dolloddio i, i arto i and ii			

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

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
24	conservation contributions? If "Yes," complete Schedule M	31		X
31 32	Did the organization riquidate, terminate, or dissolve and cease operations? If res, complete scriedule N, Fart 1	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33	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,	33		Λ
J-T	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua		- 22
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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		X
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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
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 required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		Λ
0	sponsoring organizations maintaining donor advised tunds. Did a donor advised tund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
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 in Schedule O	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.			
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.			

Part VI G

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

	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses 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		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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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		
Sec	tion C. Disclosure			
Sec 17	List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
17	List the states with which a copy of this Form 990 is required to be filed 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.			

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

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Vermont Independent Media Inc.

20-2140604

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)				
(A)	(B)	l ,.			sition		(D)	(E)	(F)
Name and Title	Average				nore than one rson is both ar		Reportable	Reportable	Estimated
	hours per	offic	er an	d a di	rector/trustee)		compensation	compensation from	amount of
	week (list any hours for						from the	related organizations	other compensation
	related	Individual trustee or director	Insti	Officer	Highest composition of the compo	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	recto	tutio	ĕ	loye emp	ner	(W-2/1099-MISC)		organization and related
	line)	ř	nal tr		comp e loye	М			organizations
		stee	Institutional trustee		Highest compensated employee Key employee				
			· ·		ated				
(4) =									
(1) Peter Gould	4.00	v							
Trustee	4.00	X					(0	0
(2) Richard Davis Trustee	4.00	X						0	0
(3) Barry Aleshnick	4.00	Λ						, ,	0
President	4.00			Х				0	0
(4) Jane Ingalls	4.00			25				, ,	
Secretary & Treasurer				Х				o	o
(5) Carolyn Taylor-Olsen	4.00								
Vice President				Х				o	0
(6)									
	F								
(7)									
(8)									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
(10)									
<u>(12)</u>									
(42)									
<u>(13)</u>									
(14)									
(14)	<u> </u>								
	1						1	1	5

Part '	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	s pers	ition ore the on is ector/	nan one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensatio rom the panization d related anization	n d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>					, (
(22)		\											
(23)													
(24)													
(25)													
	Sub-total							-					
	Total (add lines 1b and 1c)							•	than \$100,000 of				0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-		-		-				3		Х
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	ensati	on a	nd o	ther	comp	ensa	ition from the				
_	individual										4		Х
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If</i> "Yes,"			-			_				5		Х
Section	on B. Independent Contractors						,						
1	Complete this table for your five highest compensate compensation from the organization. Report compensation												
	year. (A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	1
2	Total number of independent contractors (including large) received more than \$100,000 of compensation from				liste	d ab	ove) v	who					

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te 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
	1a	Federated campaigns	1a			10101100		512 511
ants	b	' '	1b					
ية ق	C	- · · · · · · · · · · · · · · · · · · ·	1c					
ifts, Ir A	d		1d					
a,° ⊟	e	•	1e					
Sign	f	All other contributions, gifts, grants,	10					
but	'		1f	81,839				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1		01,039				
S g	9 h		*		81,839			
		Total. Add lilles 1a-11	• •	Business Code	01,039			
e	22	Advertising Sales		511110	262 562	363,562		
ven		Custom Publishing	_	511110	363,562 8,935	8,935		
e Re	C		_	511110	6,933	6,933		
Program Service Revenue	d							
Š E	e		_					
ogra		All other program service revenue	_					
Ę		Total. Add lines 2a-2f			372,497			
					3/2/23/			
	3	Investment income (including dividends, interest and other similar amounts)						
	4	Income from investment of tax-exempt bond p		1				
	5	Royalties						
		(i) Real	• •	(ii) Personal				
	6a	Gross rents		(ii) i discrita				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
				(ii) Other				
	/a	Gross amount from sales of assets other than inventory		(ii) Giller				
	h	Less: cost or other basis						
	5	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
e		Gross income from fundraising						
/enne		events (not including \$						
Other Rev		of contributions reported on line 1c).						
ē		See Part IV, line 18	а					
₹	b	Less: direct expenses						
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inventory		 •				
		Miscellaneous Revenue		Business Code				
	11a	Interest		511110	12			12
	b	Uncleared checks		511110	3,374			3,374
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		-	3,386			
	12	Total revenue. See instructions		▶	457,722	372,497	(3,386

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 150,696 205,668 12,580 42,392 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 719 644 75 10 24,311 6,838 33,180 2,031 11 Fees for services (non-employees): b Legal...... 2,928 2,928 d Professional fundraising services. See Part IV, line 17 543 543 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 37,970 37,350 620 12 Advertising and promotion 787 787 Office expenses 13 2,726 2,726 Information technology 14 25,524 25,524 15 Royalties 16 13,559 13,559 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 4,240 4,240 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 672 3,679 2,406 601 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 95,464 95,464 Dues and memberships 200 200 3,716 3,716 c Allowances d Distribution 29,075 29,075 6,581 е All other expenses 22,219 8,794 6,844 **Total functional expenses.** Add lines 1 through 24e 25 482,197 374,264 50,715 57,218 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,553	1	2.10 0. 900.
	2	Savings and temporary cash investments	13,555	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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		
	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 10b 20,250		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 34)	13,553	16	0
	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	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
-jab		disqualified persons. Complete Part II of Schedule L	20,757	22	35,232
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,700	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	62,923	25	60,962
	26	Total liabilities. Add lines 17 through 25	85,380	26	99,894
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here 🔻 🗵 and			
is o	20	complete lines 30 through 34.		20	
ssel	30 24	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	(81 008)	31	(00.004)
Š	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	(71,827)	32	(99,894)
	33 34	Total liabilities and net assets/fund balances	(71,827)	33	(99,894)
	J4	TOTAL HADILITIES AT HE ASSETS/TUTIO DATATICES	13,553	34	0

Form	990	(201	8)

			_
Vermont	Independent	Media	Tnc

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		457,	722
2	Total expenses (must equal Part IX, column (A), line 25)	2		482,3	197
3	Revenue less expenses. Subtract line 2 from line 1	3		(24,4	1 75)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(71,	327)
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		(3,	592)
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		(99,8	394)
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·			<u>. 🗌 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	y i		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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		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 in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		<u> </u>
EΑ			Form	990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No. 1545-0047

2018

		t Independent Media Inc.					20-21406	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.
The	orgar	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 churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	(iii).		
4	\Box	A medical research organization ope	•)(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,				, , , , , , , , , , , , , , , , , , ,	
5		An organization operated for the bene	efit of a college or u	iniversity owned or oper:	ated by a d	novernmen	tal unit described in	
•		section 170(b)(1)(A)(iv). (Complete	_	armvorony ownou or opon	atou by a s	, o v o i i ii i i o i i	acii ariit accombod iii	
6	П			unit described in coetion	170/b\/1\	(A)(_V)		
6	H	A federal, state, or local government	-				m the general public	
7	Ш	An organization that normally receive	•		vernmentai	unit or no	m the general public	
_		described in section 170(b)(1)(A)(vi						
8	H	A community trust described in secti						
9	Ш	An agricultural research organization						lege
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and star	te of the college of	
40	57	university:	- (4) (1 00	1/00/ -1:1				
10	X	An organization that normally receive						SS
		receipts from activities related to its e	•	•				
		support from gross investment income		•			rom businesses	
		acquired by the organization after Ju	•					
11	Н	An organization organized and opera	•			1.10		
12	Ш	An organization organized and operat	•					
		of one or more publicly supported org	-					
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization				•		ving
		the supported organization(s) the			rity of the o	lirectors or	trustees of the	
		supporting organization. You mu						
	b	Type II. A supporting organization						
		control or management of the sup			rsons that	control or i	manage the supporte	d
		organization(s). You must comp						
	С							with,
		its supported organization(s) (see						
	d							` '
		that is not functionally integrated.					nt and an attentivenes	S
		requirement (see instructions). Y						
	е	Check this box if the organization				a Type I,	Type II, Type III	
		functionally integrated, or Type III		ntegrated supporting organic	anization.			
	f	Enter the number of supported organ						
	g	Provide the following information about	ut the supported or	ganization(s).			I	
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of other support (see
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	instructions)
						T	-	
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

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

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

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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		<u> </u>	rth, or fifth tax yea	r as a section 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c						%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organiz						
	box and stop here. The organization qualifi						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						. 🗖
	this box and stop here. The organization q						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		_				
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	=				ııne	
	15 is 10% or more, and if the organization r				-	alv.	
	Explain in Part VI how the organization mee			_		•	. □
18	supported organization						· · · · · • ⊔
	instructions						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· •			
Cal	endar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	123,178	105,212	164,598	128,371	81,839	603,198
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	267,259	323,442				
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	390,437	428,654	501,444	477,575	445,401	2,243,511
	Amounts included on lines 1, 2, and 3 received from disqualified persons			A			
J	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,243,511
Se	ction B. Total Support						
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2014 390,437	(b) 2015 428,654	(c) 2016 501,444	(d) 2017 477,575	(e) 2018 445,401	(f) Total 2,243,511
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	92	39	11	10		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	92	39	11	10	12	164
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.)	390,529	428,693	501,455	477,585	445,413	2,243,675
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f))		15	99.99 %
	Public support percentage from 2017 Schedu					16	99.99 %
	ction D. Computation of Investme						
17 18	Investment income percentage for 2018 (lin Investment income percentage from 2017 S				ı	17 18	0.00 %
19a	33 1/3% support tests - 2018. If the organi 17 is not more than 33 1/3%, check this box						▶ 🏻
b 20	33 1/3% support tests - 2017. If the organi line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	zation did not checl box and stop here	k a box on line 14 The organization	or line 19a, and lin n qualifies as a pub	ne 16 is more than blicly supported org	33 1/3%, and ganization	▶ □

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
-	1		
-	2		
	3a		
	- Cu		
-	3b		
	3с		
+	4a		
	4b		
	4c		
-	5a		
	5b		
	5c		
	6		
	7		
-	,		
	8		
	9a		
	9b		
	9с		
	30		
-	10a		
	10b		
A (For		or 990-E	Z) 2018

Part	IV Supporting Organizations (continued)			
44 1		-	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	2		
	A family member of a person described in (a) above?	_		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	_		
	on B. Type I Supporting Organizations			
	<i>y</i> ,		Yes	No
1 [Did the directors, trustees, or membership of one or more supported organizations have the power to			
	egularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	ax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
C	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 supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
	on C. Type II Supporting Organizations			
	_		Yes	No
1 V	Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	he supported organization(s).			
Section	on D. All Type III Supporting Organizations		V	NI -
4 -	hid the expenization provide to each of its supported expenizations, but he lost day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	rear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	Vere 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			
t	he organization maintained a close and continuous working relationship with the supported organization(s).			
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	ignificant voice in the organization's investment policies and in directing the use of the organization's			
	ncome 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.			
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ioti	onol	
1 (a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	icu	ons).	
b [The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c [ins	tructi	ons
	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
tl	he supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
t	hose supported organizations and explain how these activities directly furthered their exempt purposes,			
r	now the organization was responsive to those supported organizations, and how the organization determined			
	hat these activities constituted substantially all of its activities.			
	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			
	easons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or rustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3a			
	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.			

Sched	ule A (Form 990 or 990-EZ) 2018 Vermont Independent Media Inc.		20-214	0604	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1	_ , , ,				
	instructions. All other Type III non-functionally integrated supporting organization	ation	is must complete Sectio	ns A through I	Ξ
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Currer	
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				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	nctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current \	⁄ear
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			_
	Enter greater of line 2 or line 3.	4			_

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

6

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

Schod	le A (Form 990 or 990-EZ) 2018	. Tng	20-214	10604 Page 7
Par				1 age 1
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	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 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			

and 4c.

8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

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)

Schedule of Contributors

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

Vermont Independent Media Inc.

Organization type (check one):

Employer identification number 20-2140604

Organi	ization type (check one):	
Filers o	of:	Section:
Form 990 or 990-EZ		∑ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 9	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check	if your organization is cove	ered by the General Rule or a Special Rule.
Note: 0		3), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	al Rule	
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.
Specia	I Rules	
X	regulations under sections 13, 16a, or 16b, and that	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the yealiterary, or educational pur	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering d of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.		ar, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	-	't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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).

Name of organization

Vermont Independent Media Inc.

Employer identification number
20-2140604

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 Edward Jones Payroll Noncash 9,997 Main Street (Complete Part II for noncash contributions.) Brattleboro, VT 05301 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (b) (d) (a) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number Vermont Independent Media Inc. 20-2140604 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

	le D (Form 990) 2018 Vermont Independer			20-214	
Par	t III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accession, and o	other records, check any of	the following that are a	a significant use of its	
	collection items (check all that apply):	_			
а	Public exhibition	d Loan or excha			
b	Scholarly research	e U Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections	s and explain how they furt	her the organization's e	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or received	e donations of art, historical	treasures, or other sim	nilar	
	assets to be sold to raise funds rather than to be ma		nization's collection?		Yes No
Par	t IV Escrow and Custodial Arrangem				
	Complete if the organization answer	ered "Yes" on Form 9	90, Part IV, line 9,	, or reported an amo	unt on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or oth	er intermediary for contribu	itions or other assets n	ot	
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the following table:			
				Ar	mount
С	Beginning balance			1c	
d	Additions during the year			. 1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on Form 990	, Part X, line 21, for escrow	or custodial account lia	ability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation has	been provided on Part	XIII	
Par	t V Endowment Funds.				
	Complete if the organization answer	ered "Yes" on Form 9	90, Part IV, line 10	0.	
	(a	a) Current year (b) Price	or year (c) Two years	s 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 (line 1g, colu	mn (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 equa	l 100%.			
3a	Are there endowment funds not in the possession of	the organization that are h	eld and administered for	or the	
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations list	sted as required on Schedu	ıle R?		. 3b
4	Describe in Part XIII the intended uses of the organization	zation's endowment funds.			
Par	t VI Land, Buildings, and Equipment				
	Complete if the organization answer	ered "Yes" on Form 9	90, Part IV, line 1	1a. See Form 990, P	art X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	20,250		20,250	
_ е	Other				
Total	. Add lines 1a through 1e. (Column (d) must equal F	Form 990, Part X, column	(B), line 10c.)	 	

Part VII	Investments - Other Securities.	dent Media Inc.	20-21		Page
	Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11b. See Form 990	, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on:	
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other	. ,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.		·		
	Complete if the organization answere	d "Yes" on Form 990, I	Part IV, line 11c. See Form 990	, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuati		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		1		
	Complete if the organization answere	d "Yes" on Form 990, I	Part IV, line 11d. See Form 990	, Part X, line 1	5.
	(a) D	escription		(b) Book value	,
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)			
Part X	Other Liabilities.				
	Complete if the organization answere line 25.	d "Yes" on Form 990, I	Part IV, line 11e or 11f. See For	m 990, Part X,	,

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll taxes	44,684
(3) Credit line	977
(4) Checks in transit	9,301
(5) Loan from major donor	6,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	60,962

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

Par	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 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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4.0	
с 5	Add lines 4a and 4b	4c 5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Per Audited Financial Statemen		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	oci iketairi.	
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:	•	
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIII.)		
e	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	
Par	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b	art X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2018

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number Vermont Independent Media Inc. 20-2140604 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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 (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the principal amount with organization by board or agreement? organization? committee? Yes No Yes No Yes No Τo Secretary Χ Χ 6,500 6,500 Χ Χ (1) Jane Noyes former operations (2) Barry Aleshnick President operations 4,000 5,158 Χ Χ Χ Board Carolyn Χ Χ Χ (3) Taylor-Olsen member operations 7,000 20,317 former Χ Χ (4) Richard Witty Treasurer 20,500 Χ operations 1,257 Key 2,000 (5) Jeff Potter Χ Employee operations 2,000 35,232 **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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3)

(4)

(5)

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's	
	organization			revenues?		
			Payments for computer	Yes	No	
(1) Jeff Potter	Key Employee	25,524	and software expenses		Х	
(*)						
(2)						
(2)						
(3)					-	
(4)						
(5) Part V Supplemental Information						
	 on for responses to questions 	on Schedule L (see	e instructions)			
r revide additional illionnatio	on to responde to questions	011 001104410 12 (000	s included on the second of th			
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-2140604 Vermont Independent Media Inc. 01. Form 990 governing body review (Part VI, line 11) Financial data is reviewed by the board in the form of annual financial statements, with supplemental information supplied by the office manager. The 990 is distributed to the board at a meeting after it's completion. 02. Governing documents, etc, available to public (Part VI, line 19) Governing documents and form 990 are available to the public upon request 03. List of other fees for services expenses (Part IX, line 11g) Subcontractors and freelancers - \$37350

990	Overflow Statement		2018 Page 1
ame(s) as shown on return	at Modic Too	FEIN	
ermont Independer	it media inc.	l	20-2140604
	Occupancy		
Description			Amount
Rent		\$_	9,630
<u> Celephone & inter</u>	<u>net</u>	Total: \$	3,929 13,559
	Program Services Insurance		
Description			Amount
Norker Comp		\$_	2,138
<u>Key Man Insurance</u>		mat a 1 :	268
		Total: \$	2,406
	Theymana		
	Insurance		
Description			Amount
Liability		\$	493
Norker comp			179
		Total: \$	672
		•	
	Other Expenses		
			_
Description Postage & delivery			<u>Amount</u> 8,794
Postage & deliver			8,794 8,794
		10car. <u>\$</u>	0,191
	Other Expenses		
Description			Amount
Adminstrative Experience		\$_	1,110
Payroll processing Miscellaneous	rees		2,579 518
Bank & PayPal char	ges		380
Sheriff fee			80
Supplies			1,914
		Total: <u>\$</u>	6,581

990 Overflow Statement	2018 Page 2
Name(s) as shown on return	FEIN
Vermont Independent Media Inc.	20-2140604

Description	Amount	
Printing and postage	\$\$	6,244
Event expenses		600
Total:	\$	6,844

