## 990

# **Return of Organization Exempt From Income Tax**

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	For	the	2016 calend	lar year, or tax year begin	ning		, 2016, and en	ndina			, 20			
В			oplicable:	C Name of organization Verm		ent Media Inc		J		D	Employer identification no.			
П		ress ch		Doing business as The			· <u>·</u>				0-2140604			
П		ne char	ŭ	Number and street (or P.O. bo		etraat addrass)		Room/suite			Telephone number			
Н		ıl returi	•	139 Main Street		street address)		604			302)246-6397			
H			n/terminated	City or town, state or province,		un nontal codo		004		1,	502,240-0397			
H					•	jii postai code								
Н		nded r		Brattleboro, V		- 1 1 1 1			G Gross receipts \$  H(a) Is this a group return for subordinates? Yes No					
Ш	Appl	ication	pending	F Name and address of principa	_	Aleshnick								
_	_		77	Same as C above				H(b) Are	all subord					
<u> </u>				501(c)(3) 501(c) (	) < (insert no.)	4947(a)(1) or	527	_	If "No," attach a list. (see instructions)					
J			► N/A				_		roup exem					
_		-			ociation Other		L Year of formation: 2	005	M State o	f legal do	micile: VT			
Pa	art		Summar	•										
			-	ribe the organization's miss	ion or most significa	nt activities: <u>Pro</u>	motion of pub	olic me	dia l	itera	acy and local,			
ø			citizen-											
Governance														
ern														
Š				ox ► ☐ if the organization					1	. 1				
				oting members of the gove		•			_ F	3	4			
es				ndependent voting member		• •				4	4			
₹		5	Total numbe	er of individuals employed in	n calendar year 2016	6 (Part V, line 2a)				5	15			
Activities &		6	Total numbe	er of volunteers (estimate if	necessary)				▼.	6	15			
		7a	Total unrelat	ted business revenue from	Part VIII, column (C	), line 12				7a	0			
		b	Net unrelate	ed business taxable income	from Form 990-T, li	ne 34				7b	0			
								Prio	r Year		Current Year			
		8	Contributions	s and grants (Part VIII, line	1h)				128,	347	164,598			
e		9	Program ser	rvice revenue (Part VIII, line	e 2g)				326,	292	336,846			
Revenue	.	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d					10	0			
Re	•	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)				39	11			
	•	12	Total revenu	e - add lines 8 through 11 (	must equal Part VIII	, column (A), line 12	)		454,	688	501,455			
		13	Grants and s	similar amounts paid (Part I	X, column (A), lines	1-3)					0			
	•	14	Benefits paid	d to or for members (Part I)					0					
	•	15	Salaries, oth	ner compensation, employee	e benefits (Part IX, c	olumn (A), lines 5-1	0)		273,	604	308,978			
Ses	•	16a	6a Professional fundraising fees (Part IX, column (A), line 11e)								7,410			
Expenses				ising expenses (Part IX, co			8,094							
X	.	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24d	e)			178,	882	217,569			
	.			ses. Add lines 13-17 (must					452,	486	533,957			
	.			s expenses. Subtract line						202	(32,502)			
_	es							Beginning of			End of Year			
ets	and 1	20	Total assets	(Part X, line 16)					51,	363	58,504			
Net Assets or	8   2	21	Total liabilitie	es (Part X, line 26)						333	102,976			
Š	§ 2	22	Net assets of	or fund balances. Subtract	line 21 from line 20					970)	(44,472)			
Pá	art			re Block					<u> </u>		· · · · · · · · · · · · · · · · · · ·			
				clare that I have examined this retu				nowledge and	d belief, it i	S				
true	e, cori	rect, a	nd complete. De	claration of preparer (other than off	icer) is based on all inform	ation of which preparer ha	as any knowledge.			1				
			Barr	y Aleshnick										
Siç	gn		Signatur	re of officer						Date				
Не	re		Barr	y Aleshnick, Pres	ident									
_			-	print name and title										
			Print/Type pre	eparer's name	Preparer's signature		Date	Chi	eck X	if PTIN	N			
Pa	id		Menda W		Menda Waters		11-14-2017		f-employed		xxxxxxxx			
		rer	Firm's name	▶ Menda Wa			, ·	Firm's EIN						
	•	nly	-		Northfield	Rd.		Phone no.						
-5		· · · · y	i iiii s addies		eld MA 01360			i none no.	41	3_400	3-5746			
May	, the	IDC	discuss this	return with the preparer sh		etructione)			41	J- <del>1</del> 30	▼ Yes			

20-2140604

Page 2

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	-
2	Is the organization required to complete 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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Ì
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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,"	440	v	
h	complete Schedule D, Part VI	11a	X	-
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.0		21
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
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	Χ	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.7
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		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 <del>-1</del>	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	33a		21
J	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	555		- 22
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		22
٠.	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	٥.		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Χ	

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

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		37
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		Х
b	If "Yes," enter the name of the foreign country:	4a		Λ
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 22
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 14	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.			
a h	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		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	ıza		
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		
u	Note. See the instructions for additional information the organization must report on Schedule O.	100		
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		Χ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		

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

OCC	tion A. Governing Body and Management				1
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4			
	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				
<b>h</b>	committee, explain in Schedule O.	1b 4			
р 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1b 4			
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				21
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		X
5			5		X
6	Did the organization have members or stockholders?		6		X
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	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
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?		4-		3.7
a	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
160					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		10a		Λ
D	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		100		
<del>36</del> 6 17	List the states with which a copy of this Form 990 is required to be filed				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	(01(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.	or(c)(a)a oriiy)			
	Own website Another's website Upon request Other (explain in Schedule C	))			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	•			
	financial statements available to the public during the tax year.	oor policy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: ▶			
	Sandra Pinger (802)246-6397, 139 Main Street, Brattleboro, VT 05301				
	<u> </u>				

Form	990	(201	6
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Vermont Independent Media Inc.

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Page 7

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

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

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

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

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

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

		(C)							
(A)	(B)	(do r	(do not cho		sition nore than one		(D)	(E)	(F)
Name and Title	Average				rson is both a		Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a di	rector/trustee	)	compensation from	compensation from related	amount of other
	hours for				707		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Highest composition of the Highest composition o	olm	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ecto	ution	9	est c oyee	ā	(VV-2/1099-IVIISC)		and related
	line)	T g	al tru		omp				organizations
		6	stee		Highest compensated employee  Key employee				
					Ted.		Ť		
(1) Peter Seares	4.00								
Board member		X					C	0	0
(2) Barry Aleshnick	8.00								
President				X			C	0	0
(3) Jane Noyes	4.00								
Secretary & Treasurer		Ť		X			C	0	0
(4) Carolyn Taylor-Olsen	4.00								
Vice President				X			C	0	0
(5)									
<u>(6)</u>									
(7)									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	1						l .	l .	(aa.a)

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B)  Average hours per week (list any hours for	y  (C)  Position  (do not check more than o box, unless person is both officer and a director/trustry or notificer and a director and a direc				both an		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	ar	(F) stimated nount of other apensatio	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Ser Ser	Key employee	employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	rom the ganizatior d related anization	l
<u>(15)</u>													
<u>(16)</u>													
(17)													
<u>(18)</u>													
<u>(</u> 19)													
(20)													
<u>(21)</u>													
(22)													
(24)													
(25)													
1b c	Sub-total							•					
d 2	Total (add lines 1b and 1c)	to those list	ed abo	ve)	who	rec	eived	<b>►</b> more	than \$100,000 of				0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo		-				-					100	
4	employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> For any individual listed on line 1a, is the sum of rep										3		X
	organization and related organizations greater than	n \$150,000?	If "Yes								_		
5	individual			 ny ui	· · · nrela	· · ated	orgar	· · nizati	on or individual		4		X
	for services rendered to the organization? If "Yes,"			-			_				5		Х
Section 1	on B. Independent Contractors  Complete this table for your five highest compensate	d independer	nt cont	racto	ors th	nat r	eceive	ed m	ore than \$100,000	of			
•	compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of	services		(C) pensation	ı
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	listed	d ab	ove) v	who					

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					
Contributions, Gifts, Grants and Other Similar Amounts	b	' "	1b	20,664				
פַ פּ	C	'	1c	35				
ifts, ar A	d		1d	- 55				
⊒.G	e							
ions S r	f	All other contributions, gifts, grants,	1e					
St.	•		1f	143,899				
ig B	g	Noncash contributions included in lines 1a-1		143,000				
S a	h h	Total. Add lines 1a-1f	*	-	164,598			
		Total: /tal illias fa fi		Business Code	104,550			
Program Service Revenue	2a	Advertising Sales	ŀ	511110	332,317	332,317		
		Custom Publishing	511110	4,529	4,529			
8	C		-	311110	1,323	1,323		
ervic	d							
am S	e		-					
ogra	1	All other program service revenue	-					
Ē		<b>Total</b> . Add lines 2a-2f			336,846			
		Investment income (including dividends, intere			330,010			
	3	and other similar amounts)						
	4	Income from investment of tax-exempt bond p						
	l .	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	l .	Net rental income or (loss)						
		Gross amount from sales of (i) Securities		(ii) Other				
	, ru	assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)	4.,					
une	8a	Gross income from fundraising						
		events (not including \$\$						
Other Reve		of contributions reported on line 1c).						
her		See Part IV, line 18	а					
ŏ	b	Less: direct expenses	b					
	С	Net income or (loss) from fundraising events	٠.	▶				
	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					
	l	Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory	<u></u>					
		Miscellaneous Revenue		Business Code				
	11a	Interest	_	511110	11	11		
	b		_					
	С							
		All other revenue						
		Total. Add lines 11a-11d			11			
	12	<b>Total revenue.</b> See instructions			501,455	336,857	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 ...... 7 275,311 159,337 115,974 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 1,171 1,171 10 32,496 18,807 13,689 11 Fees for services (non-employees): b Legal...... 5,406 5,406 Professional fundraising services. See Part IV, line 17 7,410 7,410 Investment management fees . . . . . . . . . . . . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 40,713 40,713 12 Advertising and promotion . . . . . . . . . . . . 2,025 2,025 Office expenses ..... 13 2,933 2,933 Information technology . . . . . . . 14 15 Royalties . . . . . . . . . . . 16 16,721 16,721 17 535 535 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 2,516 2,516 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization 4,050 4,050 23 757 268 489 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.) 244 Printing 88,697 88,453 b Dues and memberships 417 417 3,039 3,039 c Allowances d Distribution 37,483 37,483 е All other expenses 12,277 1,784 10,053 440 Total functional expenses. Add lines 1 through 24e . 25 533,957 348,551 177,312 8,094 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	5,087	1	3,564
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,097	4	52,811
	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			
Assets		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	
	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	6,179	10c	2,129
	11	Investments - publicly traded securities	0/1/3	11	2/125
	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)	51,363	16	58,504
	17	Accounts payable and accrued expenses	27,465	17	40,213
	18	Grants payable	27,103	18	10,213
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
iliqu			22 752	22	20.757
Ë	23	disqualified persons. Complete Part II of Schedule L	22,752	23	20,757
	23 24	Unsecured notes and loans payable to unrelated third parties	2 700	24	2 700
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third	3,700	24	3,700
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
			0 416	25	20 206
	26	of Schedule D	9,416	26	38,306
	20	Organizations that follow SFAS 117 (ASC 958), check here   and	63,333	20	102,976
		complete lines 27 through 29, and lines 33 and 34.			
ses	27			27	
lan	27	Unrestricted net assets			
Ва	28			28	
pur	29	Permanently restricted net assets		29	
řΕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ts o	20	complete lines 30 through 34.		20	
ssel	30	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	/	31	/ / / / / / / / / / / / / / / / / / / /
Ne	32	Retained earnings, endowment, accumulated income, or other funds	(11,970)	32	(44,472)
	33	Total net assets or fund balances	(11,970)	33	(44,472)
	34	Total liabilities and net assets/fund balances	51,363	34	58,504

Form 990 (	(2016)	Vermont	Independent	Media	Inc.	20-214060	)4 Page 1	12
Part XI	Reconc	iliation of Net	Assets					_

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			501,4	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1					502)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(	11,9	970)
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		(	44,4	472)
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
Ja	the Single Audit Act and OMB Circular A-133?			3a		
h	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 Q and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2016)

#### **SCHEDULE A**

# **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.

2016

2016

OMB No. 1545-0047

Open to Public

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

bv/form990. Inspection
Employer identification number

Ver	mon	t Independent Media Inc.					20-21406	04	
Pa	rt I	Reason for Public Charity	<b>y Status</b> (All or	rganizations must co	omplete	this part	) See instruction	าร.	
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.	)			
1		A church, convention of churches, or	association of chu	urches described in <b>sect</b>	ion 170(b)	(1)(A)(i).			
2	Ц	A school described in <b>section 170(b</b> )	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)			
3	Ц	A hospital or a cooperative hospital s	service organization	n described in <b>section 1</b>	70(b)(1)(A	.)(iii).			
4		A medical research organization ope	rated in conjunctio	on with a hospital describ	ed in <b>sect</b>	ion 170(b)	)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5	Ш	An organization operated for the bene	=	university owned or opera	ated by a g	overnmen	tal unit described in		
_		section 170(b)(1)(A)(iv). (Complete							
6	Н	A federal, state, or local government	•						
7	Ш	An organization that normally receive	•		/ernmental	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi							
8	Н	A community trust described in <b>secti</b>			ratad in ac	niunation	with a land grant cal	logo	
9	Ш	An agricultural research organization or university or a non-land-grant colle						iege	
		university:	ge of agriculture (s	see insudctions). Litter th	e Hairie, Cii	y, and stat	le of the college of		
10	X	An organization that normally receives	s: (1) more than 33	3 1/3% of its support from	contributi	ons memb	pership fees, and gros	ss.	
	12.3	receipts from activities related to its e	` '	• •					
		support from gross investment income	•	•					
		acquired by the organization after Ju							
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).			
12		An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	ses	
		of one or more publicly supported org	ganizations describ	oed in <b>section 509(a)(1)</b>	or section	1 509(a)(2	). See section 509(a	1)(3).	
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.	
	а	Type I. A supporting organization	n operated, superv	rised, or controlled by its	supported	organizat	ion(s), typically by gi	ving	
		the supported organization(s) the			rity of the o	lirectors or	trustees of the		
		supporting organization. You mu							
	b	Type II. A supporting organizatio							
		control or management of the sup			rsons that o	control or r	manage the supporte	d	
	_	organization(s). You must comp				th and fu	nationally intograted	ith	
	С	its supported organization(s) (see						willi,	
	d	Type III non-functionally integr						tion(s)	
	-	that is not functionally integrated.						` '	
		requirement (see instructions). Y							
	е	Check this box if the organization					Type II, Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organi	izations						
	g	Provide the following information about	ut the supported or	rganization(s).					
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other suppli	•
							-		
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Toto									

18

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

(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 Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... Public support. Subtract line 5 from line 4 . . **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 . . . . . . . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) . . . . . . . . . . . . . . **Total support.** Add lines 7 through 10 . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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

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

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

Se	ction A. Public Support			· •	•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,184	111,604	123,178	105,212	164,598	636,776
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	235,598					1,424,683
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	<b>Total.</b> Add lines 1 through 5	367,782	373,142	390,437	428,654	501,444	2,061,459
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,061,459
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	367,782	373,142	390,437	428,654	501,444	2,061,459
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21	91	92	39	11	254
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	21	91	92	39	11	254
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	367,803	373,233	390,529	428,693	501,455	2,061,713
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 2016 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	99.99 %
16	Public support percentage from 2015 Schedu					16	94.73 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line		-			17	0.00 %
18	Investment income percentage from 2015 S	chedule A, Part III,	line 17			18	0.00 %
	33 1/3% support tests - 2016. If the organia 17 is not more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qu	alifies as a publicly	supported organiz	zation	▶ 🏻
b	33 1/3% support tests - 2015. If the organilline 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ıs	▶ 🔲

Part IV

## **Supporting Organizations**

(Complete only if you checked a box in line 12 of 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 (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		
3b		
3с		
30		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9с		_
10a		
100		
10b		
e A (Form 99	0 or 990	-EZ) 201

Par	t IV   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>L</b>	below, the governing body of a supported organization?	11a 11b		
	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 <b>Part VI</b> .	11c		
	ion B. Type I Supporting Organizations	110		
-	ion bi Typo i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ург и сирриниз с запишени		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	tions)	):
а				
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С		see in		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

Sched	ule A (Form 990 or 990-EZ) 2016		20-214	10604	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani			
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			in in Part VI)	. See
	instructions. All other Type III non-functionally integrated supporting organization	atior	ns must complete Section	ns A through	ı E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Curre	ent Year onal)
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) Curre (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	ctors (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	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			

emergency temporary reduction (see instructions) instructions).

3

4

5

6

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exem	pt 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 purposes	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 <b>Part VI</b> ). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	organization is respons	sive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3								
а								
b								
С	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
_	Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Evenes from 2012							
	Excess from 2013							
C	Excess from 2014							

d Excess from 2015e Excess from 2016

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

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

Department of the Treasury

Name of the organization

Vermont Independent Media Inc.

Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

**Employer identification number** 

20-2140604

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is 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** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

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

Part I	Contributors (See instructions). Use duplicate copies of I	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Diana Bingham  205 Wantastiquet Dr  Brattleboro, VT 05301	\$80,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Thomas Thompson Trust  160 Federal St  Boston, MA 02110	\$15,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ECMC Foundation  1 Imation Place Bldg 2  Saint Paul, MN 55128	\$ 5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

## **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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

2016

OMB No. 1545-0047

Open to Public

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

<u>Ve</u>	rmont Independent Media Inc.	20-2140604
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	S.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically in	mportant land area
	Protection of natural habitat  Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
٠	tax year	ation daining the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
٠	tail and voluneer flours devoted to monitoring, inspecting, flanding of violations, and emotoring conservation of	ascine its during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
•	► \$	none daming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(	(i)
Ū	and section 170(h)(4)(B)(ii)?	··
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
Ū	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.000.0
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	halance sheet
·u	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b		
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	•	erance or
	public service, provide the following amounts relating to these items:	▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>►</b> ¢
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ ఫ

	rt III   Organizations Maintaining Collec	·	•		iets (continuea)
3	Using the organization's acquisition, accession, and other	ner records, check any of	f the following that are a	a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or excha	nge programs		
b	Scholarly research	e U Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections a	and explain how they furt	her the organization's e	xempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive of			ilar	
_	assets to be sold to raise funds rather than to be main		anization's collection?		Yes No
Pa	rt IV Escrow and Custodial Arrangeme				. –
	Complete if the organization answer 990, Part X, line 21.	ed "Yes" on Form 9	190, Part IV, line 9,	or reported an amou	int on Form
1a	Is the organization an agent, trustee, custodian or other	intermediary for contribu	utions or other assets n	ot	
		•			Yes No
b	If "Yes," explain the arrangement in Part XIII and comp	lete the following table:			
		•		Am	nount
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, F	Part X, line 21, for escrow	or custodial account lia	ability?	Yes No
b	If "Yes," explain the arrangement in Part XIII. Check he	ere if the explanation has	been provided on Part	XIII	
Pa	rt V Endowment Funds.				
	Complete if the organization answer	ed "Yes" on Form 9	90, Part IV, line 10	0.	
	·	Current year (b) Prio			(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 el	nd balance (line 1g. colu	mn (a)) held as:		
а	Board designated or quasi-endowment ▶	%	(,,		
b	Permanent endowment > %				
С	Temporarily restricted endowment	%			
_	The percentages in lines 2a, 2b, and 2c should equal 1				
3a	Are there endowment funds not in the possession of the		neld and administered for	or the	
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed as	s required on Schedule F	27		. 3b
4	Describe in Part XIII the intended uses of the organiza	•			. 00
	rt VI Land, Buildings, and Equipment.	none ondownion rando.			
. u	Complete if the organization answer	ed "Yes" on Form 9	90 Part IV line 1	la See Form 990 Pa	art X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	(u) Book value
1a	Land	,	, , , , , , , , , , , , , , , , , , ,		
b	Buildings				
	Leasehold improvements				
۲ C		20 252		10 101	0.100
d	Equipment	20,250		18,121	2,129
e	Other	rm 000 Part V salvers	(P) line 10c \	<b>F</b>	0.100
ota	<ol> <li>Add lines 1a through 1e. (Column (d) must equal Fo</li> </ol>	iiii 990, Fail X, COlumn	( <i>ان),</i> וווו <del>ט انان), ווווט ان</del>		2,129

Part VII	Investments - Other Securities.  Complete if the organization answer	ed "Yes" on Form 990. Pa	rt IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(A) Book raido	Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	n) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
		ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	n) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
1 411171		ed "Yes" on Form 990. Pa	rt IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)			(3)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X	Other Liabilities.		
	Complete if the organization answere line 25.	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
	oll taxes	28,785	
(3) Credi	t line	9,521	
_ (4)			
(5)			
(6)			
(7)			

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

.

38,306

(8) (9)

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

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 <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	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 <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	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) 2016

#### **SCHEDULE L**

## **Transactions With Interested Persons**

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

name of the organ	nization						Employ	er ident	iricatio	n numbe	er		
	ndependent M			\				1406					
Part I	Excess Benefit Complete if the										lina 1	Ωh	
	Complete il the t	organization a	(b) Relationship betw	-		25a 0	1 230, 01 F01111	990-L	-Z, F	ait v,	11116 4	(d) Corr	octod?
1 (a) N	lame of disqualified perso	on	` '	ganization	SUII allu		(c) Description	of transa	ction			Yes	No
(1)													
(2)													
(2)													
(3)													
	ne amount of tax inc	, ,	ů.	•	d persons o	during the y	/ear						
									<b>▶</b> \$				
3 Enter th	ne amount of tax, if a	any, on line 2, ac	iove, reimbursea i	by the organization	uon				▶ \$				
Part II	Loans to and/o	r From Intere	sted Persons.										
	Complete if the						a or Form 990,	Part	IV, lin	e 26;	or if t	he	
	organization rep	orted an amou	unt on Form 990	D, Part X, line								I	
(a) Name of	interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the	(e) Ori		(f) Balance due	(g) In d	lefault?	(h) App		(i) Wr agreer	
			loan	organization?						comm		-9	
				To From				Yes	No	Yes	No	Yes	No
40			_	77					,,,		3.5		7.5
(1) Jane	Noyes	Secretary	operations	X		6,500	6,500		X		X		X
(2) Barry	Aleshnick	President	operations	X		4,000	4,000	,	X		Х		Х
Carol		Board											
(3) Taylo		member	operations	X		7,000	7,000		Х		Х		X
(A) Bigha		former Trea <b>s</b> urer	operations	X		20,500	1,257		X		X		Х
(+) KICHA		Key	Operations	X	1	20,500	1,237		21		21		21
(5) Jeff		Employee	operations	X		2,000	2,000		Х		Х		Χ
Total				<u> </u>		. • \$	20,757						
Part III	Grants or Assi Complete if the	7			) Part IV	line 27							
(a) Name	of interested person		hip between interested				Type of assistance		(0	) Purpos	e of acc	istance	
(a) Hame	or interested person		and the organization	(O) / linounit C	7 40010141100	(4)	ype or assistance		,,	<b>,</b> 1 dipos	00 01 000	iotarioc	
44)													
(1)													
(2)													
(3)								_					
(4)													
\ ·/													
(5)													

(a) Name of interested	l person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
40						
(1)						
(2)						-
(3)						
(4)						
(5)						
Part V Supplementa	al Information				•	
Provide additi	onal information f	or responses to questions	on Schedule L (see	e instructions).		
			V			
				<u>·</u>		

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

Grants and donations  Description Descript	990	Overflow Statement		<b>2016</b> Page 1
## Comparison	lame(s) as shown on return Jermont. Independe	ent Media Inc.	F	
Amount   Management   Managem	223.02.0		<u> </u>	
State   Stat		Grants and donations		
Secription	Description			
Company   Comp				· <del></del>
Other Professional Fees    Sescription		.ons		
Amount   Sescription   Sescr	STAILED		Total:	
Streelancers & consultants   \$ 37,580   3,133   \$ 37,133   \$ 40,713   \$ 40,		Other Professional Fees		
Streelancers & consultants   \$ 37,580   3,133   \$ 37,133   \$ 40,713   \$ 40,	Description			Amount
Occupancy  Description Lent Selephone & internet Depairs & maintenance  Interest  Description  Total: \$ 40,713  Amount \$ 12,420 3,687 614 \$ 16,721  Interest  Description  Total: \$ 16,721  Interest  Description  Total: \$ 2,305 Total: \$ 2,516  Insurance  Description  Amount	reelancers & con			\$ 37,580
Occupancy    Pescription	Advertising sales	commissions		
Amount Sent Selephone & internet Sepairs & maintenance Sescription Total:  Total:  Amount Sepairs & maintenance Total:  Total:  Total:  Total:  Total:  Amount Sescription Total:  Total:  Amount Sescription Total:  Amount Sescription Total:  Amount Sescription Total:  Amount			Total:	\$ 40,713
Amount Sent Selephone & internet Sepairs & maintenance Sescription Total:  Total:  Amount Sepairs & maintenance Total:  Total:  Total:  Total:  Total:  Amount Sescription Total:  Total:  Amount Sescription Total:  Total:  Amount				
Amount Sent Selephone & internet Sepairs & maintenance Sescription Total:  Total:  Amount Sepairs & maintenance Total:  Total:  Total:  Total:  Total:  Amount Sescription Total:  Total:  Amount Sescription Total:  Amount Sescription Total:  Amount Sescription Total:  Amount		Occupancy		
\$ 12,420   3,687   614   \$ 16,721   \$ 16,721   \$ 16,721   \$ 16,721   \$ 211   \$ 2,305   \$ 2,516				
Telephone & internet  Repairs & maintenance  Total:  Interest  Rescription  Sinance charges  Finance of credit  Insurance  Total:  Amount  2,305  \$ 211  2,305  \$ 2,516   Amount  Amount  Amount  Amount  Amount  Amount  Amount	Description			/
Total: \$\frac{614}{\$\frac{16,721}{\$}}\$  Pescription  Tinance charges  Tine of credit  Insurance  Insurance  Amount  \$\frac{211}{\$\frac{2}{305}}\$				· <del></del>
Interest  Description Total: \$ 16,721  Amount Sinance charges Sine of credit  Insurance  Description  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount				
Interest  Description Sinance charges Sine of credit  Insurance  Total:  Amount  2,305 \$ 2,516  Amount  Amount  Amount	<u>Repairs &amp; Mainten</u>	latice	Total	
Pescription Sinance charges Sine of credit Total:  Insurance  Pescription  Amount  Amount  Amount  Amount  Amount  Amount			iocai.	<u> </u>
Pescription Sinance charges Sine of credit Total:  Insurance  Pescription  Amount  Amount  Amount  Amount  Amount  Amount				
rinance charges \$ 211 2,305 Total: \$ 2,516  Insurance  Description Amount		Interest		
rinance charges \$ 211 2,305 Total: \$ 2,516  Insurance  Description Amount	S			S
Insurance  Amount				
Total: \$ 2,516  Insurance  Description  Amount	Line of credit			
Insurance Amount	JING OF GEORES		Total:	\$ 2,516
Description				
Description				
		Insurance		
	oggrintion			7mount
Total: \$ 489				
	<u> </u>		Total:	\$ 489
			<del>-</del>	

990	Overflow Statement	<b>2016</b> Page 2	
Name(s) as shown on return	FEIN		
Vermont Independe	20-2140604		

# Other Expenses

Description	A	mount	
Postage & delivery		\$	1,550
Copies			7
Training & recruitment			227
	Total:	\$	1,784

# Other Expenses

Description		Amount
Bank & PayPal charges		\$ 487
Adminstrative Expense		4,763
Miscellaneous		268_
Meals & entertainment		2,900
Late fees		463
Payroll processing fees		1,172_
	Total:	\$ 10,053

Description			An	nount
Event expense			\$	440
		Total:	\$	440