	00	A	D = (of Organization Exe				OMB No. 1545-0047	
Form	99	U	Return	2014					
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
				ter social security numbers on		-		Open to Public	
•		ne Treasury e Service		on about Form 990 and its inst		-		Inspection	
-			ar year, or tax year begin		, 2014, and er			, 20	
		oplicable:		ont Independent Media In		lang	р	Employer identification no.	
	ldress ch		· · · · · ·	Commons				-2140604	
	ame char	· ·		ox if mail is not delivered to street address)	1	Room/suite		Telephone number	
	tial retur	-	139 Main Street			604		02)246-6397	
		n/terminated		, country, and ZIP or foreign postal code		004		390,529	
	nended r							Gross receipts\$	
		n pending	Brattleboro, VT (F Name and address of principa						
	plication	rpending		a oncer. Barry Alesinitck		H(a) Is this a gr subordinat	oup return f	or Yes X No	
		at atatuar V	Same as C above 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527				
			501(c)(3) 501(c) ()	L 527	H(b) Are all sub If "No	," attach a l	list. (see instructions)	
	ebsite:		Corporation Trust Ass		L. Manual formations 2	H(c) Group exe	•		
Par		-		ociation 🗌 Other 🕨	L Year of formation: 2	UUS M State	of legal do	micile: VT	
rai		Summary Driefly departi		n or most significant activities:	Duranting of multi				
		,	0	n or most significant activities:	Promotion of publi	LC media lite:	racy ar	nd local,	
8		citizen-di	riven media.						
ano									
Activities & Governance			► □						
õ			-	discontinued its operations or disp	losed of more than 25% of its	s net assets.	- 1		
~			ting members of the govern		••••••		3	5	
ies			-	of the governing body (Part VI, line			4	5	
ivit				calendar year 2014 (Part V, line 2a	a)		5	15	
Act			of volunteers (estimate if ne				6	18	
			d business revenue from Pa				7a	0	
	b	Net unrelated	business taxable income fr	rom Form 990-T, line 34			7b	0	
						Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1)	h)		111	,604	123,178	
Revenue	9	Program serv	ice revenue (Part VIII, line 2	2g)		261	,538	267,259	
evel Svel	10	Investment in	come (Part VIII, column (A)	, lines 3, 4, and 7d)			91	92	
Å	11	Other revenue	e (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)				0	
	12	Total revenue	e - add lines 8 through 11 (m	nust equal Part VIII, column (A), lin	e 12)	373	,233	390,529	
	13	Grants and si	milar amounts paid (Part IX	, column (A), lines 1-3)				0	
	14	Benefits paid	to or for members (Part IX,	column (A), line 4)				0	
s	15	Salaries, othe	r compensation, employee	benefits (Part IX, column (A), lines	5-10)	211	,390	216,170	
Expenses	16a	Professional f	undraising fees (Part IX, co	lumn (A), line 11e)				0	
per	b	Total fundrais	ing expenses (Part IX, colu	mn (D), line 25)	13,455				
ŭ	17	Other expens	es (Part IX, column (A), line	es 11a-11d, 11f-24e)		177	,388	174,411	
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		388	,778	390,581	
	19	Revenue less	expenses. Subtract line 18	8 from line 12		(15	,545)	(52)	
or						Beginning of Current	Year	End of Year	
sets	20	Total assets (Part X, line 16)			25	,229	32,954	
Net Assets or Fund Balances			(Part X, line 26)			39	,349	47,126	
Fun	22	Net assets or	fund balances. Subtract lin	e 21 from line 20		(14	,120)	(14,172)	
Par		Signatu							
				n, including accompanying schedules and		knowledge and belief,	t is		
true, co	rrect, and	d complete. Decla	aration of preparer (other than offic	cer) is based on all information of which pr	eparer has any knowledge.				
	1	Barry	Aleshnick						
Sign		Signature	e of officer				Date		
Here	, li	Barry	Aleshnick, Preside	ent (Acting)					
		—	print name and title						
		Print/Type pre		Preparer's signature	Date	Check X	if PTIN	J	
Paid		Menda Wa		Menda Waters	11-11-2015	self-employe		° 200523349	
Prep		Firm's name	Menda Wat			Firm's EIN	·~ •		
	Only		N	Northfield Rd		Phone no.			
030	Jiny			d MA 01360			3-498-	5746	
May +		discuse this m		vn above? (see instructions)				. X Yes No	
			on Act Notice, see the sep	, , ,	<u></u>				
	aheime		an Act Notice, see the sep					Form 990 (2014)	

	n 990 (2014) Vermont Independent Media Inc.	20-2140604	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Promotion of public media literacy and local, citizen-driven media.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.	<u> </u> 1es	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			
	If "Yes," describe these changes on Schedule O.	🖂 Tes	X NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 300,063 including grants of \$) (Revenue	\$	385,912)
	Weekly publication of The Commons, a free locally-produced newspaper. The Commons encou	·	, <u>, , , , , , , , , , , , , , , , , , </u>
	local participation in reporting and debating local news, providing a venue for dialog		
	the citizens of Windham County.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ	/
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 300,063		
		Г	orm 000 (2014

Form 990 (2014)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?)? If "Yes," 1 X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X Is the organization required to complete Schedule C. Part I 3 X Is the organization as one of the organization engage in hebring activities, or have a section 501(b) 4 X Is the organization as one of the organization engage in hebring activities, or have a section 501(b) 4 X Is the organization as one of the organization engage in hebring activities, or have a section 501(b) 4 X Is the organization mature activities of the organization in advised funds or available of the organization mature of an one-off in a theoread transverse membershie dues, assessments or similar amounts as addined in Revenue Procedure is a complete Schedule C, her III 5 Is Didth organization mature on that a conservation ensame rel, inducing assessments to preserve open space. The environment, isstocit and areas, or histocit assessment and ancourt in Hebrina and worker organization. Theorem organization, theorem organization, advised D. Part II 7 X Is Didth organization mature or induced and ancourt in Part X, Ine 21, for eacrow or cuotadial account lisbility, serve as a outdon for anount no lisbility		990 (2014) Vermont Independent Media Inc. 20-214060	4	P	age 3
1 In the organization decoded in section 501(6)(3 or 4847(6)(1) (dens than a private foundation)? If "Yes," complete Schedule 0. Contributors (see instruction?) 2 X 2 Is the organization regard in organization. Explore the complete Schedule 0. Part 1 3 X 3 Did the organization. The organization engaged in lobbying activities or bahalf of or in opposition to conditates to public oftee? If "Yes," complete Schedule 0. Part 1 4 X 4 Section 501(c)(3) organization as defined in Revenue Decodule 5:1917 Ves," complete Schedule 0. Part 1 4 X 5 In the organization maintain any donor advised funds or any similar funds or accounts for which donors have the light to provide advice on the distribution or investment diamutus in such hunds or accounts? If "Yes," complete Schedule 0. Part 11 5 X 7 X Bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the light to provide advice on the distribution or investment diamutus in such hunds or accounts? If "Yes," complete Schedule 0. Part 11 7 X 8 Did the organization maintain collections of vorte of at . historical treasures, or other similar asset? If "Yes," complete Schedule 0. Part V 9 X 9 Did the organization maint in Part X, inc 21, for escore or coaddial account liability serve as a cuasidiation for organin amount in Part X, inc 21, for escore or coadset in the organiz	Pa	rt IV Checklist of Required Schedules			
compare Schedule A 1 X 2 1s the organization equiper to complete Schedule of Contributors (see netrocions)? 2 X 3 Diff the organization equiper to complete Schedule O, Part 1 3 X 4 Section 501(c)3 organization equiper to fick the organization engage in hidsbying activities, or have a section 501(h) deator in a difference of the organization engage in hidsbying activities, or have a section 501(h) deator in a difference of the organization engage in hidsbying activities, or have a section 501(h) deator in a difference of the organization a section 501(h) (501(c)) (500(c)) (500(Yes	No
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assection 50(c)(3) organizations. Did the organization engage in lobbing activities, or have a section 501(a) organizations. Did the organization assect on 501(a)(d), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar mouths as defined in Revenue Procedure S01971 "res"; complete Schedule C, Part II. 4 X 5 b Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide schedue on the distribution or investment of amounts in such funds or accounts 711 5 5 7 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide schedue D Part II 7 X 8 Did the organization response and in a similar funds or accounts for which doors have the right to provide activities or the distribution or investment of amounts in such funds or accounts? If "7"s, "complete Schedule D Part II 7 X 9 Did the organization maintain collections of works of art, historical trassume, or other similar assets? If Yes, " 8 X 9 Did the organization respons an amount in Part X, line 21, for escrove or cuabdual account liability, serve as a cuasdual nor amounts not liabid in Part X or provide credit cummers, If Yes, "complete Schedule D, Part V 10 X 10 Did the organization respons amount in Part X, line 27 Hire School De, Dart V 10 X 11 If the organization respons amount for the site days organization. Howe the	2		2	Χ	<u> </u>
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election in effect during the tax year? If "Yes," complete Schedule Q. Part II 4 X 5 Is the organization a section 2010(4). 501(5)(6) or 2010(5) or 2010(2) Schedule Q. 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 hands or accounts? If 5 5 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If 7 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If 7 X 7 Did the organization maintain collections of works of att, historical treasures? If "Ns," complete Schedule D. Part II 7 X 8 Did the organization maintain collections of works of att, historical treasures, or other ainlar assets? If "Yes," 8 X 9 Did the organization maintain collections of works of att, historical treasures, or outer ainlain, assets? If "Yes," 8 X 9 Did the organization maintain collections of works of att, historical treasures, or outer ainlain, assets? If "Yes," 9 X 9 Did the organization informatis, regular discusse and works of att, historical works and states Part VI 10 X 11 the organization infor			3		X
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Part III 5 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors 5 6 Did the organization membrane and the distribution of investment of amounts in such funds or accounts? If 6 X 7 Did the organization membrane holds a conservation easement, including easements to preserve open space, the environment. Instruct and arces, or holds or any similar funds or accounts? If 7 X 8 Did the organization membrane noticitions of works of ant, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 7 X 9 Did the organization membrane not line and, X, line 21, for escrev or or cutodial account liability: serve as a cutodian for amounts not listed in Part X, line 21, for escrev or or cutodial account liability: serve as a cutodian for amounts or of the following questions in Yes," tomophete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization. Indid assets in temporarily restricted endowments, permanent endowments? If Yes," complete Schedule D, Part V 10 X 11 If errorignation annount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI 10 X 11 If errorignation report an annount for line settimets - porgan related in Part X, line 12 ht lis 5% or more 11b X <td>5</td> <td></td> <td></td> <td></td> <td></td>	5				
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14 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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report 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 of gross income from gaming activities on Part VIII, line 9a?	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
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 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) 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 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 II 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 	10		16		x
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 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	17				
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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? 19 X 19 If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 16 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			18		Х
If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20a				
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form	990 (2014) Vermont Independent Media Inc. 20-214060	4	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	Х	<u> </u>
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
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Form 990 (2014)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • • <u>• • • •</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	15		
b			Х	
•				37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
b	account)?	••••••••••••••••••••••••••••••••••••••		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?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		· · · · · · 7e		X
f		· · · · · · 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			Х
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.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?			
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne) "		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		- 21
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		X
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
с С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<u> </u>
C	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
4-	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Chris Yost (802)246-6397, 139 Main Street, Brattleboro, VT 05301			
	(ovelate optil tot math percept pracetemore) it ADDAT			

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	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete the organization's ta	his table for all persons required to be listed. Report compensation for the calendar year ending with or \mathbf{x} year.	within the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	

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.

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

					(C)					
	(D)	Desition								
(A)	(B)					than one		(D)	(E)	(F)
Name and Title	Average hours per					is both a pr/trustee		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	Unic		uau	necio	n/ii usiee)	from	related	other
	hours for	0 =	=	0	7	ФТ	п	the	organizations	compensation
	related organizations	r divi	stitu	Officer	ey e	mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
·	below dotted	dual	rtion.		mplo	st co yee	P ₽	(and related
	line)	Individual trustee or director	al tru		Key employee	omp				organizations
		ee	Institutional trustee			Highest compensated employee				
						ted				
(1) Carolyn Taylor-Olsen	4.00									
Board member		X							0	0
(2) Peter Seares	4.00									
Board member		X							0	0
(3) Barry Aleshnick	8.00									
President (Acting)				X					0	0
(4) Jane Noyes	4.00									
Secretary				X					0 0	0
(5) Ben Coplan	4.00									
Treasurer				X					0 0	0
<u>(6)</u>										
(7)										
(8)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(12)</u>										
<u>(13)</u>										
(4.4)										
<u>(14)</u>										
										<u> </u>

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Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and			t Com	nper	sated Employees	s (continued)			
					(C Posi							(5)	
	(A) Name and title	(B) Average		(do not check more than one					(D) Reportable	(E) Reportable		(F) stimated	
		hours per			•		both an (trustee)		compensation	compensation from		mount of	
		week (list any					,		from the	related organizations	cor	other	n
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)		rom the	
		organizations below dotted	ual tr ctor	ional		nploy	/ee		(W-2/1099-MISC)			ganizatior nd related	1
		line)	uste	trust		ee	npen					anization	S
			Ū.	ee			Highest compensated employee						
(4.5)													
<u>(</u> 1 <u>5</u>)													
(16)													
<u> </u>													
(17)													
<u>(18)</u>													
(19)													
(19)													
(20)													
<u>(21)</u>													
<u>(22)</u>													
(23)													
<u>(</u> 2 <u>3</u>)													
(24)													
<u>(25)</u>													
	Out total							<u> </u>					
1b c	Sub-total	· · · · · ·	•••	•••	•••	•••	•••						
d	Total (add lines 1b and 1c)			•••	•••	•••	· · ·		o	c			0
2	Total number of individuals (including but not limited to								•	-	1		-
	reportable compensation from the organization									C			
												Yes	No
3	Did the organization list any former officer, directo				-		-						37
	employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of report										3		Х
4	organization and related organizations greater than \$'						•						
	individual										4		Х
5	Did any person listed on line 1a receive or accrue con												
	for services rendered to the organization? If "Yes," con	mplete Scheo	lule J f	or su	ich p	erso	on				5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensated												
	compensation from the organization. Report compens	sation for the o	calenda	ar ye	ear e	ndin	g with	or w	ithin the organizatio	in's tax			
	year. (A)								(B)			(C)	
	Name and business address								Description of	services		bensation	
									1				

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

orm 99	<u>`</u>	<i>,</i>	nt Me	dia Inc.			20-21406	04 Page
Part \		Statement of Revenue						
		Check if Schedule O contains a response	e or note	e to any line in this F	Ant VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	14,034				
בֿפֿ עלי	c	Fundraising events	1c	1,426				
	d	Related organizations	1d					
s, ini	е	Government grants (contributions)	1e					
er S	f	All other contributions, gifts, grants,						
a f		and similar amounts not included above	1f	107,718				
	g	Noncash contributions included in lines 1a-						
5 ल	h	Total. Add lines 1a-1f			123,178			
en	20			Business Code	060 834	0.00 834		
Nen		Advertising Sales Custom Publishing		511110	262,734	262,734		
e Re	c b			511110	4,525	4,525		
ervio	d							
Program Service Revenue	e							
ogra		All other program service revenue	<u> </u>					
ē.		Total. Add lines 2a-2f			267,259			
	3	Investment income (including dividends, inte	erest,					
		and other similar amounts)			92			
	4	Income from investment of tax-exempt bond	l procee	ds▶				
	5	Royalties		•				
		(i) Re	al	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		<u> </u>				
	7a	Gross amount from sales of (i) Securi	ties	(ii) Other				
	b	Less: cost or other basis and sales expenses						
		Gain or (loss)						
a)		Net gain or (loss)	• • •	•••••				
nue	ва	Gross income from fundraising	100					
eve eve		events (not including \$ <u>1, -</u> of contributions reported on line 1c).	426					
erF		See Part IV, line 18	а					
Other Revenue	Ь	Less: direct expenses						
-		Net income or (loss) from fundraising events						
		Gross income from gaming activities.	•					
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold		L				
	C	Net income or (loss) from sales of inventory						
	44	Miscellaneous Revenue		Business Code				
	11a							
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d		•••••				
		Total revenue. See instructions			390,529	267,259		0

Form 990 (2014)

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

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 il Schedule O contains a response ol note to any		(D)		· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disgualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		198,479	142,432	44,300	11,747
8	Other salaries and wages	190,479	142,432	44,300	11,/4/
0	· · · · · · · · · · · · · · · · · · ·				
0	section 401(k) and 403(b) employer contributions)	255			
9	Other employee benefits	357	357		
10		17,334	12,480	3,987	867
11	Fees for services (non-employees):				
a	Management				
b					
C		7,594		7,594	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	34,923	34,612		311
12	Advertising and promotion	3,866		3,866	
13	Office expenses	3,497		3,168	329
14	Information technology				
15	Royalties				
16	Occupancy	11,318	3,386	7,932	
17		222	222		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	402		402	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,182		2,182	
23	Insurance	1,858	1,500	294	64
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Printing	75,479	75,370		109
b	Dues and memberships	1,202		1,202	
С	Allowances	882	880	2	
d	Distribution	27,120	27,120		
е	All other expenses	3,866	1,704	2,134	28
25	Total functional expenses. Add lines 1 through 24e .	390,581	300,063	77,063	13,455
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
EEA					Form 990 (2014)

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Form 990 (2014) Part X

4)	Vermont	Independent	Media	Inc.	
Balance S	heet				

Check if Schedule O contains a response or note to any line in this Part X			
	(A)		(B)
	Beginning of year		End of year
Cash - non-interest-bearing	148	1	15,404
Savings and temporary cash investments		2	

		beginning or year		End of year
1	Cash - non-interest-bearing	148	1	15,404
2	Savings and temporary cash investments		2	
3	5 1 2		3	
4		21,670	4	13,521
5				
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
e			-	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
. 7			7	
2 422GIS			8	
			9	
1			9	
	other basis. Complete Part VI of Schedule D 10a 14,050	2 411	100	4 . 0.0
	b Less: accumulated depreciation	3,411	10c	4,02
1			11	
12			12	
1:	1 3		13	
14	3 • • • • • • • • • • • • • • • • • • •		14	
1	í l		15	
10		25,229	16	32,95
17		15,805	17	13,98
18			18	
19			19	
20	· · ·		20	
2'	· ·		21	
2				
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	23,544	22	29,44
2			23	
24			24	3,70
2				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
2		39,349	26	47,12
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
ξ	complete lines 27 through 29, and lines 33 and 34.			
2			27	
			28	
2	· · · · · · · · · · · · · · · · · · ·		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 and			
22 24 29 29 29 29 29 29 29 29 29 29 29 29 29	complete lines 30 through 34.			
30			30	
Ž 3	Paid-in or capital surplus, or land, building, or equipment fund		31	
j 32	P. Retained earnings, endowment, accumulated income, or other funds	(14,120)	32	(14,17
2 33	Total net assets or fund balances	(14,120)	33	(14,17
34	Total liabilities and net assets/fund balances	25,229	34	32,95

20-2140604

Form	990 (2014) Vermont Independent Media Inc.	20-2140604		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		390,	529
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		390,	581
3	Revenue less expenses. Subtract line 2 from line 1	. 3			(52)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		(14,	120)
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		(14,	172)
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	9 90 (2014)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization Vermont Independent Media Inc. 20-2140604 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

2014

Open to Public

			nt Media Inc.			20-2140604	Page 2
Pa							
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify	under the tests	s listed below, p	please complete	e Part III.)	
Sec	tion A. Public Support		_	_	-		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(4) 2010	(0) 2011	(0) 2012	(4) 2010	(0) 2011	
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from similar sources						
	Sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .					40	
12	Gross receipts from related activities, etc. (se	,	••••			12	
13	First five years. If the Form 990 is for the						▶□
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6, co						%
15	Public support percentage from 2013 Schedu						%
16a	33 1/3% support test - 2014. If the organiz						
	box and stop here. The organization qualit						•••• 🕨 📋
b	33 1/3% support test - 2013. If the organiz						
	check this box and stop here. The organiz			-			•••• 🕨 🗌
17a	10%-facts-and-circumstances test - 2014	-					
	10% or more, and if the organization meets					in in	
	Part VI how the organization meets the "facts		-				. —
	organization						· · · 🕨 📋
b	10%-facts-and-circumstances test - 201	 If the organizat 	ion did not check a	a box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.		
	Explain in Part VI how the organization meets	the "facts-and-cire	cumstances" test. T	he organization qua	lifies as a publicly		
	supported organization		••••••				🕨 🗌
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	е	
	instructions	<u></u>	<u></u>	• • • • • • • • • • • •	<u></u> .	<u></u>	<u></u> ▶ □
EEA						Schedule A (Form	990 or 990-EZ) 2014

Scheo	dule A (Form 990 or 990-EZ) 2014 Vermo	ont Independent	: Media Inc.			20-2140604	Page 3
Pa	rt III Support Schedule for Org	ganizations De	scribed in Sec	tion 509(a)(2)			
	(Complete only if you chec					qualify under P	art II
	If the organization fails to g						art II.
	0	uality under the		iow, please col	npiele Fait II.		
	ction A. Public Support	1	1				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	110,840	137,803	132,184	111,604	123,178	615,609
2	Gross receipts from admissions, merchandise	110,040	137,003	152,104	111,004	125,170	015,005
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	103,466	178,188	235,598	261,538	267,259	1,046,049
3	Gross receipts from activities that are not an						
	unrelated trade or bus under sec 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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	214,306	315,991	367,782	373,142	390,437	1,661,658
70	Amounto included on lines 1, 2, and 2			-			
1 d	Amounts included on lines 1, 2, and 3 received from disgualified 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 $\$.	87,880	98,600				186,480
С	Add lines 7a and 7b	87,880	98,600				186,480
8	Public support (Subtract line 7c from						
Ŭ							1,475,178
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	214,306	315,991	367,782	373,142		1,661,658
3		214,300	313,991	307,782	373,142	390,437	1,001,058
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	29	7	21	91	92	240
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	Section 511 taxes/ non businesses						
_	acquired after June 30, 1975						
C	acquired after June 30, 1975	29	7	21	91	92	240
С	acquired after June 30, 1975	29	7	21	91	92	240
с 11	•	29	7	21	91	92	240
	Add lines 10a and 10b	29	7	21	91	92	240
	Add lines 10a and 10b	29	7	21	91	92	240
11	Add lines 10a and 10b	29	7	21	91	92	240
	Add lines 10a and 10b	29	7	21	91	92	240
11	Add lines 10a and 10b	29	7	21	91	92	240
11 12	Add lines 10a and 10b		7	21	91	92	
11	Add lines 10a and 10b	468	315 998				468
11 12 13	Add lines 10a and 10b	468 214,803	7	367,803	373,233	390,529	
11 12	Add lines 10a and 10b	468 214,803 rganization's first, s	econd, third, fourth	367,803 n, or fifth tax year a	373,233 is a section 501(c	390,529	468
11 12 13 14	Add lines 10a and 10b	468 214,803 rganization's first, s	econd, third, fourth	367,803 n, or fifth tax year a	373,233 is a section 501(c	390,529	468
11 12 13 14	Add lines 10a and 10b	468 214,803 rganization's first, s 	econd, third, fourth	367,803 n, or fifth tax year a	373,233 is a section 501(c	390,529	468
11 12 13 14	Add lines 10a and 10b	468 214,803 rganization's first, s 	econd, third, fourth	367,803 n, or fifth tax year a	373,233 is a section 501(c	390,529	468
11 12 13 14 <u>Sec</u>	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin	econd, third, fourth age e 13, column (f))	367,803 n, or fifth tax year a	373,233 is a section 501(c)	390,529)(3)	468 1,662,366 ▶□
11 12 13 14 <u>Sec</u> 15 16	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15	econd, third, fourth age e 13, column (f))	367,803 n, or fifth tax year a	373,233 is a section 501(c)	390,529)(3) 	468 1,662,366 ▶□ 88.74 %
11 12 13 14 <u>Sec</u> 15 16	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc	econd, third, fourth age e 13, column (f)) 	367,803 n, or fifth tax year a	373,233	390,529)(3) 	468 1,662,366 ▶□ 88.74 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u>	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the or organization, check this box and stop here Stion C. Computation of Public Sup Public support percentage for 2014 (line 8, coll Public support percentage from 2013 Schedul Stion D. Computation of Investment Investment income percentage for 2014 (line	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di	econd, third, fourth age e 13, column (f)) eentage vided by line 13, cc	367,803 n, or fifth tax year a	373,233 is a section 501(c)	390,529)(3) 	468 1,662,366 ▶□ 88.74 % 83.43 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di ichedule A, Part III,	econd, third, fourth age e 13, column (f)) centage vided by line 13, co line 17	367,803 n, or fifth tax year a	373,233 is a section 501(c)	390,529)(3) 15 16 17 18	468 1,662,366 ▶□ 88.74 % 83.43 % 0.00 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di ichedule A, Part III, zation did not check	econd, third, fourth age e 13, column (f)) 	367,803 a, or fifth tax year a 	373,233 is a section 501(c) 	390,529)(3) 	468 1,662,366 ▶□ 88.74 % 83.43 % 0.00 % 0.10 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di ichedule A, Part III, zation did not check c and stop here. Th	econd, third, fourth age e 13, column (f)) entage vided by line 13, cc line 17 the box on line 14 e organization qua	367,803 n, or fifth tax year a blumn (f)) , and line 15 is mo lifies as a publicly	373,233	390,529)(3) 15 16 17 18 and line zation	468 1,662,366 ▶□ 88.74 % 83.43 % 0.00 % 0.10 %
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di ichedule A, Part III, zation did not check and stop here. Th zation did not check	econd, third, fourth age e 13, column (f)) entage vided by line 13, cc line 17 the box on line 14 e organization qual t a box on line 14 o	367,803 a, or fifth tax year a blumn (f)) and line 15 is mo lifies as a publicly or line 19a, and line	373,233	390,529)(3) 15 16 17 18 and line zation 33 1/3%, and	468 1,662,366 ▶□ 88.74 % 83.43 % 0.00 % 0.10 % ▶⊠
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Add lines 10a and 10b	468 214,803 rganization's first, s pport Percenta umn (f) divided by lin e A, Part III, line 15 nt Income Perc e 10c, column (f) di ichedule A, Part III, zation did not check and stop here. Th zation did not check box and stop here	econd, third, fourth age e 13, column (f)) entage vided by line 13, cc line 17 the box on line 14 e organization qua a box on line 14 o . The organization	367,803 a, or fifth tax year a 	373,233 is a section 501(c) 	390,529)(3) 15 16 17 18 and line ration 33 1/3%, and janization	468 1,662,366 ▶□ 88.74 % 83.43 % 0.00 % 0.10 % ▶⊠ ▶□

Schedule	of	Contributors
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OMB No. 1545-0047

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

2014

Name of the organization	ne of the organiz	ation
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Organization type (check one).

Schedule B

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

Department of the Treasury

Internal Revenue Service

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.go	ov/form990.	
	Employer identi	fication number
a Inc.	20-2140604	

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B ((Form 990,	990-EZ,	or 990-PF)	(2014)
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Name of organization

Employer identification number

Vermont Independent Media Inc.

20-2140604

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Diana Bingham 205 Wantastiquet Dr Brattleboro, VT 05301	\$70,000	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D		Supplemental Financial Statements	OMB No. 1545-0047
	n 990)	 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 	2014
		► Attach to Form 990.	Open to Public
•	ent of the Treasury Revenue Service	▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form99	•
	the organization		oyer identification number
Veri			0-2140604
Part		ations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
	Complete	e if the organization answered "Yes" to Form 990, Part IV, line 6.	
			Funds and other accounts
		f contributions to (during year)	
	Aggregate value of	f grants from (during year)	
		n inform all donors and donor advisors in writing that the assets held in donor advised	
	-	nization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
	•	n inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	•	purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
		ssible private benefit?	Yes 🗌 No
Part	II Conserv	vation Easements.	
	Complete	e if the organization answered "Yes" to Form 990, Part IV, line 7.	
1 F	Purpose(s) of conse	ervation easements held by the organization (check all that apply).	
	Preservation of	of land for public use (e.g., recreation or education)	nt land area
L	Protection of na	atural habitat Preservation of a certified historic stru	Icture
L	Preservation of	of open space	
2 (Complete lines 2a th	through 2d if the organization held a qualified conservation contribution in the form of a conservation	
e	asement on the las	ast day of the tax year.	Held at the End of the Tax Year
		nservation easements	
b٦	otal acreage restrie	icted by conservation easements	
		vation easements on a certified historic structure included in (a)	
		vation easements included in (c) acquired after 8/17/06, and not on a	
		ted in the National Register	
		vation easements modified, transferred, released, extinguished, or terminated by the organization during	g the
	ax year ▶		
		vhere property subject to conservation easement is located tion have a written policy regarding the periodic monitoring, inspection, handling of	
	-		No
		procement of the conservation easements it holds?	
1			
7 A	mount of expense	— es incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	► \$		
		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	nd section 170(h)(4		Yes 🗌 No
9 li	n Part XIII, describe	be how the organization reports conservation easements in its revenue and expense statement, and	
b	alance sheet, and	l include, if applicable, the text of the footnote to the organization's financial statements that describes th	ne
		ounting for conservation easements.	
Part		izations Maintaining Collections of Art, Historical Treasures, or Other Si	nilar Assets.
	Complet	te if the organization answered "Yes" to Form 990, Part IV, line 8.	
	•	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sl	neet
		cal treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
		vide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	
		cal treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
		vide the following amounts relating to these items:	
•	•	ided in Form 990, Part VIII, line 1	
•		d in Form 990, Part X	▶\$
	•	received or held works of art, historical treasures, or other similar assets for financial gain, provide the	
	•	required to be reported under SFAS 116 (ASC 958) relating to these items:	► ¢
a F	kevenue included ir	in Form 990, Part VIII, line 1	• \$
b A	Assets included in F	Form 990, Part X	

Sched	lule D (Form 990) 2014 Vermont Independe	ent Med	lia Inc.					20-214	0604		Pa	age 2
Pa	rt III Organizations Maintaining C	ollecti	ions of A	rt, Histo	rical Tre	easures, d	or Othe	er Similar As	sets	(cont	inued	(k
3	Using the organization's acquisition, accession, ar	nd other r	ecords, cheo	ck any of the	e following	that are a sig	nificant u	se of its				
	collection items (check all that apply):		_									
а	Public exhibition		d 🗌 Loai	n or exchar	ige prograi	ms						
b	Scholarly research		e 🗌 Othe	er								
с	Preservation for future generations											
4	Provide a description of the organization's collection	ons and e	explain how t	hey further	the organiz	zation's exem	npt purpos	se in Part				
	XIII.				Ū							
5	During the year, did the organization solicit or rece	eive dona	tions of art, h	nistorical tre	asures, or	other similar						
	assets to be sold to raise funds rather than to be n	naintaine	d as part of t	he organiza	ation's colle	ection?					es 🗌	No
Pa	rt IV Escrow and Custodial Arrang	gemen	ts.									
	Complete if the organization an	swered	d "Yes" to	Form 99	90, Part	IV, line 9,	or repo	orted an amou	unt or	n Forr	n	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodian or	other inte	ermediary fo	r contributic	ns or othe	r assets not						
	included on Form 990, Part X?									□ Ye	es	No
b	If "Yes," explain the arrangement in Part XIII and c	complete	the following	table:								
			-					A	mount			
с	Beginning balance						1c					
d	Additions during the year											
e	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on Form 9									Π Ye	es	No
b	If "Yes," explain the arrangement in Part XIII. Che										Ē	Ī
	rt V Endowment Funds.											
	Complete if the organization an	swered	d "Yes" to	Form 99	0. Part	IV. line 10						
			urrent year	(b) Prio		(c) Two year		(d) Three years bad	ck (e) Four	vears ba	ack
1a	Beginning of year balance	(-,		(4) * ***		(0)		(4) ******)********		,	,	
b												
c	Net investment earnings, gains, and											
•	losses											
d	Grants or scholarships											
e	Other expenditures for facilities and											
Ū	programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the current ye	ear end h	alance (line	1a column	(a)) held a	I						
a	Board designated or quasi-endowment		%	rg, oolanni								
b	Permanent endowment		/0									
c	Temporarily restricted endowment		%									
Ū	The percentages in lines 2a, 2b, and 2c should eq	ual 100%										
3a	Are there endowment funds not in the possession	•		at are held	and admir	nistered for th	e					
ou	organization by:		ganization				•			Г	Yes	No
	(i) unrelated organizations								Γ	3a(i)	100	110
	(ii) related organizations						••••		•••	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations liste	d as roou	ired on Sch	odulo R2			••••		•••	3b		
1	Describe in Part XIII the intended uses of the orga				••		••••		•• [50		
Pa	rt VI Land, Buildings, and Equipm		Sendowinen	t tunus.								
1 0	Complete if the organization an		d "Ves" to	Form 90	0 Part	IV line 11	2 See	Form 990 P	art X	line	10	
	Description of property		(a) Cost or oth			r other basis		Accumulated		d) Book		
	Description of property		(investm		.,	other)		epreciation		aj BOUK	vaiue	
1a	Land			7	(- /						
	Buildings	$\cdots \vdash$										
b	Leasehold improvements	$\cdots \vdash$										
с С	·	$\cdots \vdash$		14,050				10,021			4,0	129
d	Equipment	$\cdots \vdash$		11,030				10,021			,0	. 4 7
e Tota	Other		000 Port	(column (B) line 10		1	•			1 0	120
TOTA	 Add lines 1a through 1e. (Column (d) must eq 	uai ruifi	1990, Part /	x, column (, ווופ ונ						4,0	449

Schedule	D	(Form	990)	2014	
	-	(· •····	,		

EEA

Part VII	Investments -		
Schedule D (Fo	rm 990) 2014	Vermont	Inde

Vermont Independent Media Inc.

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
<u></u>	(including name of security)		Cost or end-of-year market value
1) Financial de			
	d equity interests		
3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
		ed "Yes" to Form 990, F	Part 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)			
(7) (8)			
(7)			
(7) (8) (9) Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)		
(7) (8) (9) Total. (Column (b)	Other Assets.		
(7) (8) (9) Total. (Column (b)	Other Assets. Complete if the organization answer		Part IV, line 11d. See Form 990, Part X, line 15
(7) (8) (9) iotal. (Column (b) Part IX	Other Assets. Complete if the organization answer	ed "Yes" to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1)	Other Assets. Complete if the organization answer		
(7) (8) (9) Part IX (1) (2)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer		
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer		
(7) (8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a)	Description	
(7) (8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	Description	
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a)	Description	
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answer (a) n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer	Description	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal ir (2)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal in (2) (3)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal ir (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Federal ir (2) (3) (4) (5) (6) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X (1) Federal in (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value
(7) (8) (9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Federal ir (2) (3) (4) (5) (6) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description 15.)	(b) Book value

		20-2140604	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; Also complete this part to provide any additional information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Se Name of the organiz

Attach to Form 990 or Form 990-EZ.

2014 Open to Public

ervice	Information about Schedule L	(Form 990 or 990EZ) and its instructions is at ww	w.irs.g	gov/form990.	Inspection
ation				Empl	over identification num	bor

	no organization								
Vermon	nt Independent Media Inc.			20-2140604					
Part I Excess Benefit Transactions (section (501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).									
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line									
		(b) Relationship between disqualified person and			(d) Cor	rected?			
1	(a) Name of disqualified person	organization	(c) De	escription of transaction	Yes	No			
(1)									
(2)									
(3)									
	nter the amount of tax incurred by the c	brganization managers or disqualified persons duri	ng the year						
ur	nder section 4958								
		above, reimbursed by the organization							
	······································			· · · · · · · · · · · · · · ·					
Part	Loans to and/or From Int	erested Persons.							

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan to or from the organization?		from the		(e) Original principal amount	(f) Balance due	Balance due (g) In defau		It? (h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No		
(1) Jane Noyes	Secretary	operations	X		6,500	6,500		Х		Х		X		
(2) Barry Aleshnick	President	operations	X		2,000	2,000		х		Х		X		
Carolyn (3) Taylor-Olsen	Board member	operations	X		7,000	7,000		x		х		x		
(4) Richard Witty	former Treasurer	operations	X		20,000	13,944		x		x		x		
(5)					20,000	10,011								
Total					· · · · · . ▶ \$	29,444								
Part III Grants or As	sistance Benef	fiting Intereste	d Pers	ons.										

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2014

EEA

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information	1	1	1	1	<u> </u>

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

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Vermont Independent Media Inc.

20-2140604

01. Form 990 governing body review (Part VI, line 11)

Financial data is reviewed by the board in the form of annual financial statements, with

supplemental information supplied by the office manager. The 990 is distributed to the

board at a meeting after it's completion.

02. Governing documents, etc, available to public (Part VI, line 19)

Governing documents and form 990 are available to the public upon request.

990	Overflow Statement		2014 Page 1
Name(s) as shown on return Vermont Independent	Media Inc.		FEIN 20-2140604
	Occupancy		
Description			Amount
Rent			\$ 7,805
<u>Maintenance</u>	T(otal:	\$ 7,932
	Interest		
Degenistics			3
Description Finance charges			Amount 52
	Der		_ <u> </u>
		otal:	\$ 402
	Other Expenses		
			_ .
Description			_ <u>Amount</u> \$ 1,704
Postage & derivery	T	otal:	
	-		_ <u>1</u> 1 <u>4</u> _1 <u>1</u> _
	Other Expenses		
Description			Amount
Bank charges			\$ 1,142
	3e		
<u>Miscellaneous</u>			494
	T,	otal:	\$ 2,134
Description			Amount
_Miscellaneous			<u>\$ 28</u>
	T	otal:	\$ 28
	Accrued expenses		
Description			Amount
Accounts Payable			\$ 7,024
Payroll withholdings			6,958
	T	otal:	\$ 13,982