Department of the Treasury Internal Revenue Service

For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶The organization may have to use a copy of this return to satisfy state reporting requirements.

, and ending

OMB No. 1545-0047

Open to Public Inspection

	Check If a	policable:	C Name of organization	Vermont Inde	pendent Media inc.			D Em	ployer Identif	fication numi	oer		
	Address C		Doing Business As					20-214	0604				
=	Name cha		Number and street (or F	P.O. box if mall is not	delivered to street address	Room/sul							
	nitial retu	-	PO Box 1212			1		(802)	246-6397				
=	Terminate		City or town, state or co	untry, and ZIP + 4	,								
=	Amended		Brattleboro		VT	053	<u>02-1</u>	212 G Gro	ss receipts \$		<u>315,998</u>		
=		n pending	F Name and address of p	rincipal officer:	-	-		H(a) is this a gro	up return for a	affiliates?	Yes X No		
' لـــا	-thhuese		Robert Rottenberg 1	-	attleboro, VT 05301			H(b) Are all affili	ates included	· [Yes No		
_			X 501(c)(3) 501		(insert no.) 4947(a)	1) or 1	527	If "No," atta	ch a list (see	Instructions)			
_		pt status:		1-7	(madit no.)	.,		H(c) Group exer	entlan aumbo	. •			
			w.commonsnews.com		<u> </u>	1.							
Κf	om of or	ganization:	X Corporation	Trust Associa	ion Other >	ļl	L Yes	r of formation:	2005 M	State of legal	domicile: VT		
F	art l_	Su	mmary										
	1		lescribe the organizat	tion's mission o	most significant activ	/ities: _F	Scou	notion of publ	c media lit	etach aud			
	1	local, citizen-driven media											
월													
Ē	1		<u></u>										
Activities & Governance	2	Check t	his box 🕨 🔲 if the or	rganization disconti	nued its operations or disp	osed of moi	re tha	an 25% of its net	assets.	1	_		
-5	3	Number	of voting members of	of the governing	body (Part VI, line 1a)			. 3		9		
8	4	Number	of independent votin	ig members of t	ne governing body (P	art VI, line	e 1b). <i>.</i>	· 4		9		
\$	5		ımber of individuals e										
¥	6	Total nu	mber of volunteers (estimate if nece	ssary)				. 6	 	12		
	7a	Total ur	related business revo	enue mom Part	VIII, COLUMN (C), line	12	• •		. 7a				
	<u> </u>	Net unn	elated business taxat	sie income irom	FORM 990-1, line 34	<u> </u>	• •	Prior \		Cun	rent Year		
		Cantrib	utions and grants (Pa	rt V/III ilina 1h)				11101	110,841		137,803		
2	8		ulions and grants (Pa n service revenue (Pa						103,466		178,188		
Revenue	9		nent income (Part VIII						29		7		
2	11		evenue (Part VIII, coli						468	1			
	12		renue -add lines 8 thro						214,804		315,998		
	13	Grants	and similar amounts	paid (Part IX. co	lumn (A), lines 1-3)								
	14												
_	45		, other compensation, e						138,098	8 176,83			
9	16a		ional fundraising fees										
Expenses	b		ndraising expenses (3,	,823						
Ü	17		xpenses (Part IX, col				•		103,294	_	132,693		
	18		cpenses. Add lines 13					<u></u>	241,392		309,531		
	19	Revenu	e less expenses. Sul	otract line 18 fro	<u>m line 12</u>				-26,588		6,467		
ŏ								Beginning of C			d of Year		
3	20		sets (Part X, line 16)				• •		7,949		7,579		
Not Assets	21		ibilities (Part X, line 2				•	-	30,494 -22,545		23,572		
			ets or fund balances.	. Subtract line 2	i trom line 20				-22,343	<u>'l</u>	-15,993		
	art II	Signatural	inature Block ry, I declare that I have exa	mland this return inc	Indian assessmenting cohor	luige and eta	tome	nte and to the he	et of my know	lados			
and	zer penæs Libelief. it	ies or pegu is true, com	ry, i deciale triat i nave exa e <u>ct, and complete. Deciarat</u>	ion of <u>preparec (ot</u> ke	r than officer) is based on a	i information	of w	hich preparer has	any knowledg] 6 .			
			Kallara		コルシ								
	gn		Signature of officer						Date	٠. ا	1.		
П	ere		Robert-Rottenberg-		>. Evans	•	Trea	seurar thes	<u>ident</u>	<u> 5 11</u>	12012		
			Type or print name and titl	<u>e</u>						I p.m.			
_		Pái	it/Type preparer's name		Preparer's signature			Date	Check	X if PTI	N		
Pa		Me	nda Waters		Menda Waters			5/9/201			0523349		
	eparei	· .	n's name >	.				Firm's					
Uŧ	e Onl	• —	n's address ➤ 146 W N	orthfield Dd. No.	OSSED AM Meildh			Phone		3) 498-574	 6		
_									_				
Ma	y the II	R\$ discu	ss this return with the	preparer show	n above? (see instruc	RIONS)	•			<u> </u>	Yes No		

Form	990 (2011)	vermont independent Media Inc.	20-2140604	Page Z
P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly	describe the organization's mission:		<u> </u>
•		ion of public media literacy and local, citizen-driven media		·
			~	****************
2		organization undertake any significant program services during the year which were not listed on		
	if "Yes,	r Form 990 or 990-EZ?	· · Yes	X No
3	service	organization cease conducting, or make significant changes in how it conducts, any program s?	. Yes	X No
4	Describ expens	"describe these changes on Schedule O. he the organization's program service accomplishments for each of its three largest program services es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report and allocations to others, the total expenses, and revenue, if any, for each program service reported.	t the amount of	y
4a	(Code:		\$ 178	,188)
	local pa	publication of "The Commons," a free, locally-produced newspaper. "The Commons" encourages rticipation in reporting and debating local news & gives a voice to the citizens of im County.		
	**************	***************************************	***************************************	
	***********	***************************************		*****************

	**********		***************************************	
	*****************			*****************
4b	(Code:) (Expenses \$ 26,462 including grants of \$) (Revenue	\$	<u> </u>
	Media M	fortoffir Project offer froe folicisliem 2. modic literaturbana in the citizana of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	or impro	wing student newspapers.		
	***************************************		*******************************	·····
	************		***************************************	***************************************
	***************************************		***************************************	7444

	***************************************		***************************************	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	•	
		/(/cve/los	***************************************	
			747171481A	**

			***************************************	***************

	*************			**************
	<u> </u>		~~~~	************
+ CI	Other pro (Expense	ogram services. (Describe in Schedule O.) as \$ including grants of \$) (Revenue \$,	
مه		Agreem service evenence > 294 626		

Page 3

🤼 Par	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,"	١.	١.,	l
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	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, 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		×
9	Did the organization report an amount in Part X, line 21; 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			J
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		×
10	endownents, permanent endowments, or quasi-endownents? If "Yes," complete Schedule D, Part V	۱.,		
44	· · · · · · · · · · · · · · · · · · ·	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.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	$ \mathbf{x} $	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<u> </u>		
	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
	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	115		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes."			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .	12b	١.	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance	П		
	to individuals located outside the United States? 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	\Box		
*~	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1 1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		l	
886	If "Yes," complete Schedule G, Part III	19	i	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

Pai	Cilectrist of Regulied Scriedales (Continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
••	in the United States 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 and other assistance to individuals in the			
	United States 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	1 1		
	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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	امدا		J
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		_
258	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X.
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	LJa		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			<u> </u>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
_	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):		1000	
	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			ļ
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		 ^
30	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,	-	_	^
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	۳		
	if "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	V/	37		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			<u> </u>
44	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
_				

om	AAU	(ZUI	7)
			_

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V . . . Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c X 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 . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b X b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3Ь ь 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 If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting R organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 Sponsoring organizations maintaining donor advised funds. 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources **12a** Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

3

5 6

14

	The difference of the contract
Sec	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.
	Own website Another's website X Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization: ► Allen Cohen (802) 248-6397
	139 Main Street, Brattleboro, VT 05301

Form 990 (2011)	Vermont Independent Media Inc.									20-21406	04	Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C	-	es, K	еу	Ēm	plo	yee	s, H	lighest Comp			Tugo t
	Check if Schedule O contains a re		/ aue	stic	on ii	n th	is Pa	art \	/11			
Section A.	Officers, Directors, Trustees, Key I			_								<u></u>
	this table for all persons required to be									ng with or within	the	
organization's	•	•	•						•	•		
	of the organization's current officers,							ls o	r organizations)	, regardless of a	ımeunt	
	ion. Enter -0- in columns (D), (E), and							. ·	·			
	of the organization's current key empl organization's five current highest co										nnloveel	ı
who received	reportable compensation (Box 5 of Foundary related organizations.											
• List all c	 List all of the organization's former officers, key employees, and highest compensated employees who received more than 00,000 of reportable compensation from the organization and any related organizations. 											
	of the organization's former directors								lv as a former d	irector oc trustes	of the	
	more than \$10,000 of reportable comp										or the	
	n the following order: individual trustee			_					_			
— '	employees; and former such persons	•					-			- -		
X Check thi	s box if neither the organization nor a	ny related organ	izatio	on c	omp	en	sated	an	y current officer,	director, or trus	tee.	
					(0	-						
	(A)	(B)	(de r	not et	Posi teck i		than c	one	(D)	(E)	(F)
	Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation	Estim	ated
		week				줎	9 ₹	37	from	from related	olth	et .
		(describe hours for	复复	Ē	ğ	7 9	8 8	Former	the organization	organizations (W-2/1099-MISC)	comper	the
		related organizations	 달 달	2	Officer	ploy	88		(W-2/1098-MISC)	1	organi: and re	
		In Schedule O)	Individual trustee or director	trustee		8	apen.				organiz	ations
		٠,		8			Highest compensated employee					
(1) Barbara	Evans				П							
<u>President</u>		12.00	Х		Х							
(2) Barry A				l								
Vice Presiden		8.00	<u> </u>	-	X	_						
(3) Curtiss Secretary	Reed	1.00	x		х							
(4) Robert	Rottenberg	1,00			Ĥ					-		
Treasurer		5.00	Х		X							
(5) Alan Da												
Board Membe		1.00	X		\square			_				
(6) Dan De Board Membe		1.00	¥									
(7) Peter S		7.00			H			_				
Board Membe		1.00	х							ļ		
(8) Jane No	yes											
Board Membe		1.00	X		\sqcup							
(9) John Ni		4.00										
Board Membe (10)		1.00	_	Н	Н							

(11)												
(12)												
13)					H							

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	(C) Position (do not check more the box, unless person is b officer and a director/fr or individual trustee or director truste					one h an	(D) Reportable	(E) Reportable compensation from related arganizations (W-2/1099-MISC)	cor	(F) Estimates amount of other compensati from the organizatio and relate organizatio	
		O) 	8	stee			nsated						
(15)						!			,				
(16)													
(17)				_				┢			T		
(18)		_ _						T			†		
(19)											1		
(20)								\vdash			+		
(21)				-				-			1		
(22)				-				-			1		
(23)											1		
(24)											-		
(25)											 		
1b	Sub-total												
d 2	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not line)	nited to those lis						► ive	d more than \$10	0,000 af	<u> </u>		
	reportable compensation from the organization	<u> </u>							· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched.					e, c	_		t compensated		3		х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportable con	npeni	satic	วก a		other	COI	mpensation from)			
	Individual			•							4		х
5	Did any person listed on line 1a receive or according for services rendered to the organization? If "Yes										5		x
1	tion B. Independent Contractors Complete this table for your five highest competed compensation from the organization. Report coryear.										s tax		
	(A) (B) Name and business address Description of services						rices	(C) Compen					
							_						
	Takai mumbaa ali jadan andankan tahan dan dan dan dan dan dan dan dan dan d	Hara basik asya Marak	-ء فيره	41		1_1-							
2 	Total number of independent contractors (included more than \$100,000 of compensation from the compensation fro		ed to	เกอ	se !	ste	u abo	ove)	wno received				

Form 8	90 (201				——	20-2140	604 Page 9
Part	VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Ail other contributions, gifts, grants, and similar amounts not included above 1	b				
Contro and C	g	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	************	137,803			
	2a b	Advertising in "The Commons"	Business Code 511110	178,188	178,188		
Program Service Revenue	0 0 0 5	All other program service revenue		178,188			
	3	Investment income (including dividends, interes	est, and	170,100	· · · · · ·	•	
	4 5	other similar amounts)	roceeds>	7	•		7
	6a b c d 7a	Cross rents	(ii) Other				
	b c d		•				
Other Revenue	8a	events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
8	b	Less: direct expenses					
	b	Gross income from gaming activities. See Part IV, line 19					
	10a b	Gross sales of inventory, less returns and allowances					
		Net income or (loss) from sales of inventory . Miscellaneous Revenue	Business Code				
	11a b	Vendor refunds	511110_				
ļ	d	All other revenue	▶				
	12	Total revenue. See instructions	<u> ▶</u>	315,998	178,188		7

۲	art X	Balance Sneet		(A) Beginning of year	Ī	(B) End of year
	1	Cash—non-interest-bearing		173	1	1,985
	2	Savings and temporary cash investments			2	
	3	Piedges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers,	directors, trustees, key			
	ŀ	employees, and highest compensated employ	ees. Complete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (a	as defined under section			
	1	4958(f)(1)), persons described in section 4958	I(c)(3)(B), and contributing		1	
	1	employers and sponsoring organizations of se	ction 501(c)(9) voluntary			
뿄	1	employees' beneficiary organizations (see inst	tructions)		6	
Assets	7	Notes and loans receivable, net	[7	
3	B	Inventories for sale or use	[8	
	9	Prepaid expenses and deferred charges	[9	
	10a	Land, buildings, and equipment: cost or	1 1			
	l		10a 11,251			
	b	Less: accumulated depreciation	10b 5,657	7,776	10c	5,594
	11	Investments—publicly traded securities			11	
	12	investments-other securities. See Part IV, lin		·	12	
	13	Investments-program-related. See Part IV, til	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	[15	
	16	Total assets. Add lines 1 through 15 (must ed	uat line 34)	7,949	16	7,579
	17	Accounts payable and accrued expenses	_	4,208	17	12,136
	18	Grants payable			18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
8	22	Payables to current and former officers, direct				
Labilities		employees, highest compensated employees,				
ם		persons. Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unre		22,586		7,736
	24	Unsecured notes and loans payable to unrelat	· · · · · · · · · · · · · · · · · · ·	3,700	24	3,700
	25	Other liabilities (including federal income tax, p			ı	
		parties, and other liabilities not included on line	, ,	ĺ		
		Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		30,494	26	23,572
40	İ	Organizations that follow SFAS 117, check				
2	,	complete lines 27 through 29, and lines 33				
量	27	Unrestricted net assets			27	
ä	28	Temporarily restricted net assets			28	
핕	29	Permanently restricted net assets	<u></u> <u>L</u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	check here ►X			
2	30	Capital stock or trust principal, or current funds	<u>, </u>		30	
30	31	Paid-in or capital surplus, or land, building, or		 	31	
₹	32	Retained earnings, endowment, accumulated in		-22,545		-15,993
2	33	Total net assets or fund balances		-22,545		-15,993 -15,993
	34	Total liabilities and net assets/fund balances.		7,949		7,579
_	 -			7,040		1,018

Form	990 (2011) Vermont Independent Media Inc.	•	20-214	nen.	В.	soe 12
Pai	Reconciliation of Net Assets		20-217	<u> </u>	PE	100 14
	Check if Schedule O contains a response to any question in this Part XI					X
_					<u> </u>	لننا
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1		31	5,998
2	rotal expenses (must equal Part IX, column (A), line 25)	2			_	9,531
3	Revenue less expenses. Subtract line 2 from line 1	3				6,467
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				2,545
6	Other changes in net assets or fund balances (explain in Schedule O) .	5				85
•	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
Par	column (B))	6			-18	5,99 <u>3</u>
	Check if Schedule O contains a response to any question in this Part XII					_
	The state of the s	<u>:</u>	<u> </u>	• •		<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accruat Other		1		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			_ [
b	Were the organization's financial statements audited by an independent accountant?	• •	.	2a		X
C	If "Tes" to line 28 or 25, does the organization have a committee that assumes reconcibility for exeminate	-4	٠ . ا	2b		X
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		ļ	2c		
	in the organization changed either its oversight process or selection process during the tax year, explain in	• •	•	ZC		
	Schedule O.			Ì	Ì	
ď	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ľ	l	ľ	1
	issued on a separate basis, consolidated basis, or both:					i
	Separate basis Consolidated basis Both consolidated and separate basis		j			ı
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		- 1	
	me Single Addit Act and OMB Circular A-1337			3a	ı	x
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	· }	Ja		<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3ь		
				Form \$	90 a	2011)

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return		iness or activit	y to which this	form relates			identifying num	ber	
Vermont Independent Media Inc.	990						20-2140604		
Part Election To Expens	e Certain Pro	perty Unde	r Section 1	179		-			
Note: If you have any liste	id property, compl	lete Part V bei	fore you comp	lete Pert I.					
1 Maximum amount (see instructio	ns)							1	
2 Potal cost of section 179 property	y placed in servi	ice (see instr	uctions)					2	
3 Threshold cost of section 179 pm	operty before rec	duction in lim	ees) noitstin	/ancitourle				3	
4 Reduction in limitation. Subtract	line 3 from line 2	2. If zero or id	ess, enter -D	• • • • • • •				4	
o Dollar limitation for tax year, Sub	tract line 4 from	line 1. If zen	a ar less, eni	er-O- If mon	ied filina				
separately, see instructions			<u> </u>	<u></u>	<u>.</u>			5	i
6 (a) Description of	property		(b) (cost (business us	e Only)		(c) Elected cos		
									I
									I
7 Listed property. Enter the amoun	t from line 29					7			•
8 Total elected cost of section 179	property. Add a	mounts in co	dumn (c). line	es 6 and 7				8	
a retificite dediction. Futel the St	naker of line 5 c	oriine B		_				ě	
TO Carryover of disallowed deduction	n trom line 13 of	f vour 2010 F	-orm 4562					10	
11 Business income limitation. Enter	r the emplier of l	kuteinaaa Jaa	ama fast las	• 4b	- 11 /			11	
12 Section 1/9 expense deduction.	Add lines 9 and	10. but do n	ot enter mon	than line 11				12	
10 CHITTORGI DI GISHIDAGO GEGUCIO	II IU ZV IZ. AQQ	ines s and 11	u. iess iine 1.	2	🕨	13	<u> </u>	' -	
Note: Do not use Part II or Part III be	low for listed on	opertv. Inste	ad. use Part	V .					
Special Depreciation	t Allowance a	nd Other D	epreciatio	n (Do not in	clude lis	ted o	roperty.) (See i	nstru	ctions)
14 Sherist rebierishou Silowstics 10	ir quaimea propi	erty (other th	an listed pro	perty) piaced	in service			1	ouona.)
during the tax year (see instruction	ns)							14	
15 Property subject to section 168(f)	(1) election							15	
15 Other depreciation (including ACF	RS)						• • • • • •	16	
Part III MACRS Depreciation	1 (Do not inclu	ide listed pr	operty.) (Se	e instruction	<u>is)</u>	 -	• • • • • •	101	
		Section	n A	<u>-</u>					
17 MACRS deductions for assets pla	ced in service i	n tax years b	eginning bef	ore 2011				17	2,182
18 if you are electing to group any as	ssets placed in s	service durin	o the tax vea	rinto one or i	anom			3.8	
general asset accounts, check he	ne	• • • •					▶□		
Section B - Assets	Discort in Son	rice During	2014 Tay Va	an I laine Abe	Company	<u> </u>	· · · · · · ·		
	(b) Month and	des Barle de	r depreciation	ar camp me	General	Debi	eciation System	<u> </u>	
(a) Classification of property	year placed	, , ,		(d) Recovery	l				
fall community of biobests	in service	(business/investment use only—see instructions)		period	(e) Convention		(f) Method	(g) Dep	preciation deduction
19 a 3-year property	-				 	\dashv			
b 5-year property	1			 					
c 7-year property	1			 	-				
d 10-year property	·			 					
e 15-year property				 					
f 20-year property	1					_			
g 25-year property	}								
h Residential rental		 		25 yrs.			S/L		
property				27.5 yrs.	MM		S/L		
i Nonresidential real				27.5 yrs.	MM		S/L		
property				39 yrs.	<u>MM</u>		S/L		
	laced in Camila	- D!	44 7 11		MM		S/L		
Saction C - Assets P 20 a Class life	inced in Selvic	e Dunng 20	11 lax Year	Using the A	<u>ternativ</u>	<u>Dep</u>		<u>m</u>	
b 12-year						_	S/L		
c 40-year				12 yrs.		_4	S/L		
Part IV Summary (See instruc	tions \	<u> </u>		40 yrs.	<u>MM</u>		S/L		
21 Listed property. Enter amount from	iuuris. j								
22 Total Add amounts from its 40 "	л une 25	49 8- 4-						21	
22 Total. Add amounts from line 12, if	mes 14 through	7/, lines 19	and 20 in co	lumn (g), and	line 21.		Γ	T	
Enter here and on the appropriate	unes of your fet	um. Partners	snips and S d	corporations -	see instr	<u>uctio</u> ;	ns. <u></u>	22	2,182
23 For assets shown above and place of the basis attributable to section	0004			r the portion			- 	Ţ	
For Paperwork Reduction Act Notice, se	pagasta !!					23			
(HTA)	a seherana ilistiff	içüVIS.						Fom	1 4562 (2011)
hereA									

SCHEDULE A (Form 990 or 990-EZ)

Decartment of the Treasury

Internal Revenue Service

Name of the organization

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

►See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number Vermont Independent Media Inc. 20-2140604 Reason for Public Charity Status (Ail organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(l) 11g(II) (Iii) A 35% controlled entity of a person described in (i) or (ii) above?.... Provide the following information about the supported organization(s) (I) Name of supported (ID EIN (lv) is the organization (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (I) listed in your the organization in organization in col. **SUPPORT** above of IRC section governing document? col. (7) of your (i) organized in the (see instructions)) support? U.S.? Yes Yes No Yes No (A) **(B)** (C) (D) (E) Total

Sche	dule A (Form 990 or 990-EZ) 2011 Vermont Indep					20-21406	04 Page 2
Pa	11 Support Schedule for Organiza	tions Descri	bed in Section	ns 170(b)(1)	A)(iv) and 1	70(b)(1)(A)(vi)
-	(Complete only if you checked the	e box on line (5, 7, or 8 of P	art I or if the o	rganization fa	ailed to qualify	under
_	Part III. If the organization fails to	qualify under	the tests liste	d below, plea	se complete	Part III.)	
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not		Į.	ļ.			ļ
	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	ļ				İ .	
	organization without charge	<u> </u>					
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)			Į.			
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	•	ļ	,			
_	column (f)						
6	Public support. Subtract line 5 from line 4.	·	L				
	tion B. Total Support	1-1-0000	41.000				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,			l i			
	payments received on securities loans,		1				
	rents, royalties and income from similar	ĺ					
_	sources	ļ					
9	Net income from unrelated business		}	"		1	
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or	ļ					 _
···	loss from the sale of capital assets]					
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	co includion				40	
13	First five years. If the Form 990 is for the o			el fourth or 68		12	1/2)
••	organization, check this box and stop here		or scond m	u, iodiai, or mi	ii cax yeai as i	a section ou :(c)(3)
Saci	ion C. Computation of Public Support	Persontage				• • • • •	
14	Public support percentage for 2011 (line 6, c	reicentage	lad by line 11	roluma (A)		44.1	
15	Public support percentage from 2010 Sched	Irle A Part II I	ine 14	Asunar (1))		14 15	
16a	33 1/3% support test—2011. If the organiza	ation did not ch	eck the boy or	ine 13 and liz		13 % or more obs	ack this have
	and stop here. The organization qualifies as	s a publiciv sur	ported organiz	ation	10 14 18 00 170	70 OI IIIOIB, CIR	
Ь	33 1/3% support test-2010, if the organiza	ation did not ch	eck a box on fi	ne 13 or 16a s	nd line 15 is 3	3 1/3% or more	check this
	box and stop here. The organization qualified	es as a publiciv	supported or	anization		o how or more	
17a		If the organiza	etion did not ch	eck a hov on li			· · · • L
	is 10% or more, and if the organization mee	is the "facts-an	d-circumstanc	eck a box on m	thic hovered of	top, and line 7	4 No le
	Part IV how the organization meets the "fact	s-and-circums	ances" test Ti	~ iosi, vict. A Amanization	analifice ce c	whiter eres	2111 If1 dod
	organization			· · · · · · · · · · · · · · · · · · ·	44401469 49 9	hannak sabboi	
b	10%-facts-and-circumstances test—2010.	If the organize	ation did not ch	eck a boy on lie			···►∐
	15 is 10% or more, and if the organization m	eets the "facts	-and-circumsta	nces" test. che	ck this hav en	r, or re, enu : A ston bene =	nid Yaloin la
	Part IV how the organization meets the "fact	s-and-circums(ances" test. Tr	e organization	qualifies as a	publicly	-
	supported organization		• • • • • •				
					•		

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

18

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

(Complete only if you checked the box on line 9 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.

_	in the organization idea to quality th	IUGI UIG IESIS	HOUSE DEIDM	prease compl	ete Par (I.)	_	
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,320	_ 55,039	66,126	110,840	137,803	427,12
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				. , , , , ,	107,003	727,120
3	organization's tax-exempt purpose	22,230	34,816	42,442	103,466	178,188	381,142
4	unrelated trade or business under section 513. Tax revenues levied for the organization's						
•	benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	79,550	89,855	108,568	214,306	315,991	808,270
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ĺ					
	amount on line 13 for the year		42,500	41,600	87.880	98,600	270,580
	Add lines 7a and 7b		42,500	41,600	87,880	98,600	270,580
8	Public support (Subtract line 7c from line 6.)						537,690
_	tion B. Total Support						
Caje	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	79,550	89,855	108,568	214,306	315,991	808,270
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	311	410	42	29	7	799
Þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	311	410	42	29	7	799
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	70.004			468		468
14	First five years. If the Form 990 is for the organization check this box and stop here	79,861 on's first, second	90,265 , third, fourth, or	108,610 fifth tax year as	214,803 a section 501(c)	315,998 (3)	809,537
	ion C. Computation of Public Support P	ercentare		• • • • • •	• • • • • •		··· ▶ [
5	Public support percentage for 2011 (line 8, column (f) divided by line	13. column (f))			15	66.42%
<u>6</u>	Public support percentage from 2010 Schedule A, Pa	art III, line 15		· · · · · · · · · · · · · · · · · · ·		16	67.92%
<u> ect</u>	on D. Computation of investment incom	ne Percentag	18				J42.70
7 e	Investment Income percentage for 2011 (line 10c, co	lumn (f) divided !	by line 13, colum	n (f))		17	0.10%
8 9a	Investment income percentage from 2010 Schedule A	A, Part III, line 17 I not observible to	7			18	0.17%
b :	33 1/3% support tests—2011. If the organization did not more than 33 1/3%, check this box and stop here 33 1/3% support tests—2010. If the organization did	 The organization not check a box 	on qualifies as a t on line 14 or line	publicly supporte e 19a, and line to	ed organization . 6 is more than 3	3 1/3% and	► X
	line 18 is not more than 33 1/3%, check this box and	stop here. The o	organization qual	lifles as a publich	y supported orga	Inization	▶ 🛄
	Private foundation. If the organization did not check	a pox on line 14	, 19a, or 19b, ch	eck this box and	see instructions	<u> </u>	▶□

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

Vermont Independent Me Organization type (chec	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	on					
	501(c)(3) taxable private foundation						
Check if your organization	n is covered by the General Rule or a Special Rule.						
Note. Only a section 501(instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See					
General Rule							
For an organization property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or mare (in money or					
Special Rules							
agarario analah H	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support teat and 170(b)(1)(A)(vi) and received from any one contributor, during the year, and the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more during the year.							
Caution. An organization to 1990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does not file nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line 0-PF, to certify that it does not meet the filing requirements of Schedule B (Fe	Schedule B (Form 990,					

Schedule 8	(Form	990, 990-E	EZ, or 990-PF) (2011
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Page 2

Name of or	ganization		Page Employer identification number
Vermont Ir	ndependent Media Inc.		20-2140604
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Diana Bingham 205 Wantastiquet Dr Brattleboro VT 05301 Foreign State or Province: Foreign Country:	\$20,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 (a)	Herman & Lenore Rottenberg Foundation 17 Bullock St Brattleboro VT 05301 Foreign State or Province: Foreign Country:	\$ 72,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Tiferet Center 17 Builock St Brattleboro VT 05301 Foreign State or Province: Foreign Country:	\$5,600	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Schedule () (Form 990) 2011

Department of the Treasury Internat Revenue Service

Name	Name of the organization Employer Identification number						
	nont Independent Media Inc.			20-2140604			
Par	Organizations Maintaining Done the organization answered "Yes" to	or Advised Funds or Other Similar	Fund	ds or Accounts. Complete if			
	dio organization automorou 165 t	(a) Donor advised funds	T	(b) Funds and other accounts			
1	Total number at end of year	fay - mior bottood (direct	 				
2	Aggregate contributions to (during year)		 	· · · · · · · · · · · · · · · · · · ·			
3	Aggregate grants from (during year)		†				
4	Aggregate value at end of year						
5	Did the organization inform all donors and d						
6	funds are the organization's property, subject Did the organization inform all grantees, dor						
0	used only for charitable purposes and not for						
	purpose conferring impermissible private be	nefit?	OF, OF	Yes No			
Par							
		lete if the organization answered "Ye		Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held						
	Preservation of land for public use (e.g., recr	eation or education) Preservati	on of	an historically important land area			
	Protection of natural habitat	Preservati	ion of	a certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organiza	ition held a qualified conservation contri	bution	in the form of a conservation			
	easement on the last day of the tax year.						
				Held at the End of the Tax Year			
a	Total number of conservation easements .			2a			
þ	Total acreage restricted by conservation eas	sements					
C	Number of conservation easements on a ce	rtified historic structure included in (a).		2c			
đ	Number of conservation easements included						
3	historic structure listed in the National Regis Number of conservation easements modified	ter		2d			
•	during the tax year	ı, vansierred, reiessed, extinguisned, or	termi	nated by the organization			
4	Number of states where property subject to	conservation easement is located					
5	Does the organization have a written policy	regarding the periodic monitoring inspec	tion I	handling of			
	violations, and enforcement of the conservat	ion easements it holds?		· · · · · · · · · Yes · No			
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservat	tion ea	asements during the year			
	•			- •			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	easem	ents during the year			
_	\$						
8	Does each conservation easement reported	on line 2(d) above satisfy the requireme	nts of				
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		• • •	Yes No			
9	In Part XIV, describe how the organization re	ports conservation easements in its revi	enue a	and expense statement, and			
	balance sheet, and include, if applicable, the the organization's accounting for conservation	n easements on easements	i nnan	cal statements that describes			
Part		ns of Art, Historical Treasures, or Oth	or Cir	miles Appete			
	Complete if the organization answered	"Yes" to Form 990. Part IV. line 8.	101 OII	mar Assets.			
1a	If the organization elected, as permitted under		<u> </u>				
	works of art, historical treasures, or other sin	rilar assets held for nublic exhibition, edu	roiteau	o or second is futbosees			
	of public service, provide, in Part XIV, the tex	t of the footnote to its financial statemen	ucalio: Ite tha	it describes these items			
b	If the organization elected, as permitted under	er SFAS 116 (ASC 958), to report in its n	evenii	ie statement and holonco choot			
	works of art, historical treasures, or other sin	illar assets held for public exhibition, edu	ucation	n. or research in furtherance			
	of public service, provide the following amous	nts relating to these items:					
	(i) Revenues included in Form 990, Part VIII	, line 1		▶ \$			
_	(II) Assets included in Form 990, Part X			> \$			
2	If the organization received or held works of	art, historical treasures, or other similar a	assets	for financial gain, provide the			
_	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to the	se iter	ns:			
a b	Revenues included in Form 990, Part VIII, lin	91.		· · · • \$			
U	Assets included in Form 990, Part X			▶ \$			

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

(HTA)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete If the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate Instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the Organization

Open to Public

<u>Vern</u>	nont Independent Media Inc.					20 2	1.4000.4		
Fundraising Activities. Complete if the organization answered "Yes" to Form 900. Part IV line 47									
TUITI 350-EZ TIRES ARE NOT RECITINES to complete this part									
•	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
Ь					of non-government				
_	Internet and email solicitations				of government grar	nts			
C	Phone solicitations		g L S	pecial fund	draising events				
d	In-person solicitations								
2a	Did the organization have a written	or oral agreem	ent with a	ny individu	ai (including officer	s, directors, trustec	<u> </u>		
ь	key employees listed in Form 990,	Part VII) or emi	ity in conni	ection with	professional funda	alsing services?	Yes No		
	If "Yes," list the ten highest paid in to be compensated at least \$5,000	by the occasion	ues (runar otico	Bisers) pui	rsuant to agreemen	ts under which the	fundraiser is		
		by allo organiza	auų: i.						
	(I) Name and address of individual		(III) Did fun	draiser have		(V) Amount paid to	6.8.6		
	or entity (fundraiser)	(II) Activity	custody o	r control of utions?	(iv) Gross receipts from activity	(or retzined by) fundraiser listed in	(vii) Amount paid to (or retained by) organization		
~			Yes	No		col. (f)	or Senior Front		
1									
2									
3									
4									
			İ						
5									
6									
7									
8									
9									
		ľ							
10									
Total .	<u> </u>								
3	List all states in which the organizati	on is registered	or license	d to solicit	Contributions or he	e haan natified it to			
(registration or licensing.	•				e eceti troffited if t	exempt som		
	*************************						-		

f	Part II	Fundralsing Events more than \$15,000 o events with gross rec	ı ıurıcızısıng eyent c	Driidduions and dross in	s" to Form 990, Part I\ come on Form 990-E	/, line 18, or reported Z, lines 1 and 6b. List
		9101120 WILLI GI 0000 Tec	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
9			(event type)	(event type)	(total number)	col. (c))
Revenue	1 G	ross receipts		_		
æ		ess: Charitable				
		ross income (line 1				
		inus line 2)				
	4 C	ash prizes				
	İ	•				
•		oncash prizes				
386	6 R	ent/facility costs				
Direct Expenses						
절	7 Fc	ood and beverages				
툽	8 En	ntertainment				
	9 Ot	her direct expenses				
		•	<u> </u>			
	10 Dir 11 Ne	rect expense summary. Ad	ld lines 4 through 9 in (column (d)		
	11 116	Saming Complete it	ine line 3, column (d), :	and line 10	.	
Ρê	rt III	Gaming, Complete if t	the omanization ans	vered "Ves" to Form 000	Doct N.C.	
Pá	rt KL	Genning. Complete in	ne organization ans:	wered "Yes" to Form 990), Part IV, line 19, or re	eported more
_	rt I(L	Gaming. Complete if the than \$15,000 on Form	ne organization ans:	wered "Yes" to Form 990 (b) Pull taba/instant bingo/progressive bingo), Part IV, line 19, or re	(d) Total garning (add
_		than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	
Revenue	1 Gr	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
Revenue	1 Gr	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
Revenue	1 Gro	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gro	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gro	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gro 2 Cas 3 Nor 4 Res	than \$15,000 on Form	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gre 2 Cas 3 Nos 4 Res 5 Oth	than \$15,000 on Form oss revenue	990-EZ, line 6a.	Wered "Yes" to Form 990), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gre 2 Cas 3 Nos 4 Res 5 Oth	than \$15,000 on Form oss revenue	990-EZ, line 6a. (a) Bingo	Wered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo), Part IV, line 19, or re	(d) Total garning (add
ct Expenses Revenue	1 Gro 2 Car 3 Nor 4 Red 5 Oth	than \$15,000 on Form oss revenue	yes No	Wered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes No	(d) Total garning (add
ct Expenses Revenue	1 Gro 2 Cas 3 Nos 4 Res 5 Oth 6 Vols 7 Dire	than \$15,000 on Form oss revenue sh prizes ncash prizes nt/facility costs unteer labor oct expense summary. Add	Yes No	(b) Pull tabs/Instant bingo/progressive bingo Yes No	C) Other gaming Yes No	(d) Total garning (add
ct Expenses Revenue	1 Gro 2 Cas 3 Nos 4 Res 5 Oth 6 Vols 7 Dire	than \$15,000 on Form oss revenue sh prizes ncash prizes nt/facility costs unteer labor oct expense summary. Add	Yes No	Wered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo	C) Other gaming Yes No	(d) Total garning (add
ct Expenses Revenue	1 Grove 2 Cast 3 Not 4 Ref 5 Oth 6 Volt 7 Dire 8 Net	than \$15,000 on Form oss revenue	Yes No I lines 2 through 5 in co	Yes No No No nn d, and line 7	C) Other gaming Yes No	(d) Total geming (add col. (a) through col. (c))
Direct Expenses Revenue	1 Grade 2 Cast 3 Not 4 Res 5 Oth 6 Volt 7 Dire 8 Net Enter tills the o	than \$15,000 on Form oss revenue sh prizes ncash prizes nt/facility costs unteer labor oct expense summary. Add gaming income summary the state(s) in which the org organization licensed to ope	Yes No I lines 2 through 5 in continuing anization operates gaments activities	Yes No No dumn (d)	Yes No	(d) Total gerning (add col. (a) through col. (c))
Direct Expenses Revenue	1 Grove 2 Cast 3 Noor 4 Red 5 Oth 6 Volt 7 Dire 8 Net Enter tils the country is the country in t	than \$15,000 on Form oss revenue sh prizes neash prizes net/facility costs ser direct expenses unteer labor oct expense summary. Add gaming income summary he state(s) in which the organization licensed to op explain:	Yes Yes	Yes No Yes No No d, and line 7	C) Other gaming Yes No	(d) Total gerning (add col. (a) through col. (c))
g a Revenue	1 Grove 2 Cast 3 Noor 4 Rest 5 Oth 6 Volt 7 Direct 8 Net Enter tills the colf "No,"	than \$15,000 on Form than \$15,000 on Form sh prizes neash prizes net/facility costs ner direct expenses unteer labor cet expense summary. Add gaming income summary the state(s) in which the org organization licensed to op explain:	Yes Yes No Ilines 2 through 5 in continuity of the column ganization operates galerate gaming activities	Yes No Yes No No dand line 7. Mered "Yes" to Form 990 (b) Pull tabs/Instant bingo/progressive bingo Yes No Sumn (d).	Co) Other gaming Yes No	(d) Total geming (add col. (a) through col. (c)) Yes No
Direct Expenses Revenue	1 Grove 2 Cast 3 Noor 4 Red 5 Oth 6 Volt 7 Direct 8 Net Enter tills the country of "No,"	than \$15,000 on Form oss revenue sh prizes neash prizes net/facility costs ner direct expenses unteer labor oct expense summary. Add gaming income summary he state(s) in which the organization licensed to op explain:	Yes Yes	Yes No No d, and line 7. Mered "Yes" to Form 990 (b) Pull tabs/Instant bingo/progressive bingo Yes No Pull tabs/Instant bingo/progressive bingo And of these states?	Co) Other gaming Yes No	(d) Total gerning (add col. (a) through col. (c))
Direct Expenses Revenue	1 Grove 2 Cast 3 Noor 4 Red 5 Oth 6 Volt 7 Direct 8 Net Enter tills the country of "No,"	than \$15,000 on Form than \$15,000 on Form sh prizes	Yes No I lines 2 through 5 in continuing licenses revoked	Yes No No diumn (d)	(c) Other gaming Yes No	(d) Total gerning (add col. (a) through col. (c)) Yes No Yes No

2U-214U0U4 Page 2

		Vermont Independent Me		20-2140604 Page 3
11	Does the organization op	erate gaming activities wi	th nonmembers?	Yes No
12	is the organization a gran	itor, beneficiary or trustee	of a trust or a member of a partnership or	Other entity
13	indicate the percentage o	of gaming activity operated	d in:	Yes No
a	The organization's facility	· · · · · · · · · · · · · · · · · · ·	····	1 <u>3a</u>
þ	An outside facility			426
4	Enter the name and addr and records:	ess of the person who pro	epares the organization's gaming/special e	vents books
	Name ▶			
5a	Does the organization have	e a contract with a third p	evises and transfer the arganization receives	gaming
h	if "Ven " enter the execut			Yes 🔲 No
	ti 149' diligi nin Silionli	or garning revenue receiv	ved by the organization ▶ \$	and the
C	If "Yes," enter name and a	iddress of the third party:	ty ▶ \$	
	Name ►	***************************************		
6	Gaming manager informati			
	Name ▶			
	Gamina managar sampan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Gaming manager compens			
	Description of services pro	vided >	^	***************************************
	Director/officer	Employee	Independent contractor	
	Mandatory distributions:			
a	is the organization required	l under state law to make	charitable distributions from the gaming pr	monade to
	rerans nie state dawind lice	nse?		
-	mander of the second of the second	anone tedalited fittifit 2006	9 ISW TO DE CISTODUIAC to other everyot orga	anizations
art l	<u>or spent in the organization</u>	'S OWN exempt activities d	furing the tay year 🔈 🙎	
ait	(iii) and (v) and Bo	imation. Complete this	s part to provide the explanations requi	ired by Part I, line 2b, columns
	(iii) who (v), allu ca	nal information (see ins	DD 15C 16 And 17h se conticoble Air	30 complete this part to

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