

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, **2005, and ending** 9/30, **2006**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See specific instructions.

VSA Arts Vermont, Inc.
20 West Canal Street #7
Winooski, VT 05404

D Employer Identification Number
03-0307529

E Telephone number
802 655-7772

F Accounting method: Cash Accrual
 Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? . . . Yes No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number. . . ▶

M Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ www.vsavt.org

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 242,355.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1 a	168,831.		
	b Indirect public support	1 b			
	c Government contributions (grants)	1 c	67,050.		
	d Total (add lines 1a through 1c) (cash \$ 235,881. noncash \$)	1 d		235,881.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		3,862.	
	5 Dividends and interest from securities	5			
	6a Gross rents	6 a			
	b Less: rental expenses	6 b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c			
7 Other investment income (describe)	7				
REVENUE	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		2,612.	8 a		
		2,612.	8 b		
		Statement 1	8 c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d				
REVENUE	9 Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9 a		
		b Less: direct expenses other than fundraising expenses	9 b		
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c		
REVENUE	10a Gross sales of inventory, less returns and allowances	10 a			
		b Less: cost of goods sold	10 b		
		c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c		
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		239,743.		
EXPENSES	13 Program services (from line 44, column (B))	13		191,797.	
	14 Management and general (from line 44, column (C))	14		11,488.	
	15 Fundraising (from line 44, column (D))	15		5,182.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		208,467.	
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		31,276.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		37,099.	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20		1.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		68,376.	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch).....	23				
24 Benefits paid to or for members (att sch).....	24				
25 Compensation of officers, directors, etc.	25	41,202.	36,556.	1,684.	2,962.
26 Other salaries and wages.....	26	74,089.	74,089.		
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	3,878.	3,852.	26.	
29 Payroll taxes.....	29	11,355.	10,964.	95.	296.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	735.	32.	703.	
34 Telephone.....	34	3,546.	3,390.	156.	
35 Postage and shipping.....	35	2,386.	2,002.	60.	324.
36 Occupancy.....	36	6,057.	5,442.	615.	
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	3,781.	1,995.	686.	1,100.
39 Travel.....	39	6,089.	6,025.	64.	
40 Conferences, conventions, and meetings.....	40	1,690.	220.	1,470.	
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize):					
a See Statement 3	43a	53,659.	47,230.	5,929.	500.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	208,467.	191,797.	11,488.	5,182.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 5</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	191,797.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	191,797.

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Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash — non-interest-bearing	3,649.	45	94,816.
	46 Savings and temporary cash investments	23,205.	46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts	20,800.	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,932.	53	2,694.
	54 Investments — securities (attach schedule)		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55 a Investments — land, buildings, & equipment: basis			
b Less: accumulated depreciation (attach schedule)				
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	18,183.			
b Less: accumulated depreciation (attach schedule)	18,183.	57 c		
Statement 6				
58 Other assets (describe ▶		58		
59 Total assets (must equal line 74). Add lines 45 through 58	49,586.	59	97,510.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	12,487.	60	4,384.
	61 Grants payable		61	
	62 Deferred revenue		62	9,750.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	See Statement 7.	64 b	15,000.
	65 Other liabilities (describe ▶		65	
66 Total liabilities. Add lines 60 through 65	12,487.	66	29,134.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,891.	67	32,376.
	68 Temporarily restricted	35,208.	68	36,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	37,099.	73	68,376.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	49,586.	74	97,510.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	239,743.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	239,743.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	239,743.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	208,782.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>See Stmt 8</u>	b4	315.
	Add lines b1 through b4	b	315.
c	Subtract line b from line a	c	208,467.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	208,467.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 9		41,202.	0.	0.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.....		N/A
d	Section 162(e) lobbying and political expenditures.....		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	2
91a	The books are in care of ▶ <u>Judith Chalmer</u> Telephone number ▶ <u>802 655-7772</u> Located at ▶ <u>20 West Canal St, Winooski VT</u> ZIP + 4 ▶ <u>05404</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States?..... If 'Yes,' enter the name of the foreign country ▶ _____	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...			14	3,862.	
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					
102 Gross profit or (loss) from sales of inventory....					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))....				3,862.	
105 Total (add line 104, columns (B), (D), and (E)).....					3,862.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Judith Chalmer, Executive Director Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Colleen L. Montgomery, CPA Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Montgomery & Merrill, PC
110 Main Street
Burlington, VT 05401-8451

EIN: N/A

Phone no.: (802) 864-6565

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization

VSA Arts Vermont, Inc.

Employer identification number

03-0307529

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000..... ▶		0		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services..... ▶		0

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services..... ▶		0

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
3b	Do you have a section 403(b) annuity plan for your employees?		X
3c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	178,451.	236,628.	266,780.	340,484.	1,022,343.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,855.	21,961.	26,866.	31,537.	91,219.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,865.	518.	328.	1,365.	4,076.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 10	1,243.	989.			2,232.
23 Total of lines 15 through 22	192,414.	260,096.	293,974.	373,386.	1,119,870.
24 Line 23 minus line 17	181,559.	238,135.	267,108.	341,849.	1,028,651.
25 Enter 1% of line 23	1,924.	2,601.	2,940.	3,734.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 20,573.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 132,525.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 1,028,651.
d Add: Amounts from column (e) for lines: 18 <u>4,076.</u> 19 <u> </u> 22 <u>2,232.</u> 26b <u>132,525.</u>					26d 138,833.
e Public support (line 26c minus line 26d total) ▶					26e 889,818.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 86.50 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total and line 27b total					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Amount
	Yes	No	
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

VSA Arts Vermont, Inc.

Employer identification number

03-0307529

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

VSA Arts Vermont, Inc.

03-0307529

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 64,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

VSA Arts Vermont, Inc.

03-0307529

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization VSA Arts Vermont, Inc.	Employer identification number 03-0307529
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

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VSA Arts Vermont, Inc.

03-0307529

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Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 2,612.
 Cost or Other Basis: 2,612.

Total Gain (Loss) Publicly Traded Securities \$ 0.

Total Net Gain (Loss) From Noninventory Sales \$ 0.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Rounding Total \$ 1.

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Art supplies	9,630.	8,630.	500.	500.
Artist stipend	825.	825.		
Artists & Instructors	34,802.	34,802.		
ESL Art week	159.	159.		
Insurance	3,027.	2,807.	220.	
Miscellaneous	7.	7.		
Professional services	5,209.		5,209.	
Total	\$ <u>53,659.</u>	\$ <u>47,230.</u>	\$ <u>5,929.</u>	\$ <u>500.</u>

Statement 4
Form 990, Part III
Organization's Primary Exempt Purpose

Encouragement and development of ongoing education of individuals with disabilities

Statement 5
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Can Do Arts consists of a series of 8-week artist residencies in a variety of visual and performing arts to nurture and showcase the artistic talents of adults with developmental disabilities. Residencies were held in conjunction with three disability service agencies: Champlain Vocational Services (Colchester), Howard Community Services (Burlington) and Lincoln St., Inc. (Springfield). Residencies were held in a variety of venues for greater community inclusion including the Elley Long Music Center in Colchester, the US Army Reserve Armory in Colchester, the First United Methodist Church in Burlington and at Lincoln St., Inc's new building in Springfield. Lincoln St. Inc. is a new addition to the Can Do Arts program in FY 06. Workshops were held in Memory Box Sculpture, Clay Building, African Dance, Cantastoria Theater, Sculpting with Found Objects, Folksinging, Fabric Art, Acting, Painting and Mosaic Tile. This program served 185 adults with developmental disabilities.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		7,505.
<p>Early Childhood Development Programs: afterschool arts workshops for children whose families are homeless, at-risk of homelessness or are residents of public housing projects; 32wks, twice a wk, 2hrs per sessions at 2 sites (64 program hrs per participant). Quote from Executive Director of COTS: "By combining arts with literacy activities, your instructors have been able to break through many levels of resistance, often based on shame or fear, and fully engage our children and their parents in reading and storytelling. Home in the Arts is invaluable not only because it increases literary skills but also because it provides an ongoing venue for children to discover and stretch their imaginations. VSA gives families in COTS shelters many ways to develop confident self-expression as a tool for advocacy in seeking permanent housing, jobs and other services." A frequent comment heard by our instructor was, "We've been waiting for you. This is the highlight of our week." Another comment from harried parents was, it's such a gift to have two hours to remember we're creative."</p> <p>60 children were served at two shelters.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		7,770.
<p>High School and Adult Self-Advocacy Theater Program, 21wks at each site, 1hr per wk (total 21 contact hours per site), at 8 sites throughout the state. Self-Advocacy Theater uses theater games and the shared challenge of creating an original performance to give students and adults confidence in describing their goals, solving problems and working as a team. The program was presented at W. Rutland High School, Enosburg HS and Twin Valley HS. During this grant year, 15 students in each of three public high schools participated directly in High School Self-Advocacy Theater and 300 others, including teachers, parents, administrators and other students, observed the final results of the program, raising</p>		

Statement 5 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>public awareness about creative abilities, self-determination and achievement of students with disabilities and about the role of the arts in a complete education, particularly for students with disabilities. In addition three new instructors were trained in the use of the curriculum. 45 students were served at 3 high schools. Includes Foreign Grants: No</p>		25,268.
<p>Public Awareness and Outreach Programs:</p> <p>Awareness Theater Company, VSAVT's professional theater company made up of adults with developmental disabilities, Awareness Theater Company presented 16 performances showcasing the talents of company members to an audience size of approximately 2,500</p> <p>This program directly involved 27 adult performers and assistants and 2,500 audience members. Includes Foreign Grants: No</p>		18,365.
<p>Start With The Arts</p> <p>30wks at each site, 1hr per wk (total 36 contact hours per site), in 36 classrooms throughout the state. The new aspect of this program for FY 06 was a new partnership with the Visiting Nurse's Association to work with very young children and mothers among the Somali Bantu refugee population. Those families came from situations where the parents, not only children, had been completely deprived of literacy. Many of the mothers had never held a pencil or a book before arriving. Our Start With The Arts instructor, who had lived for 9 years in Africa as a child, was able to adapt the curriculum to address the beginning literacy activities of the children in a context that enlisted the support of mothers also learning English at the same time. This program served 350 children. Includes Foreign Grants: No</p>		84,510.
<p>Start With The Arts instruction for child care providers in use of the curriculum and best practices for inclusive arts activities. Integrated into hour-long activities with children, 30 weekly sessions in 36 classrooms. This program served 50 child care providers.</p>		
<p>During FY 06 we engaged in an intensive planning process to shift the focus of our Start With The Arts program to registered home child care providers. It's been our experience that the Early Essential Education and Head Start centers we have worked in, though not rich in material resources, are staffed by early childhood educators with considerable knowledge about inclusive practices and established arts programs. Our instructors reported that in the few cases they were able to work with home child care</p>		

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VSA Arts Vermont, Inc.

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Statement 5 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>providers, the impact of the program was much more pronounced. In FY 07 we are the first semester of the new experiment working in 24 registered home childcare sites throughout the state, with another 24 to start in February for the 2nd semester. We've partnered with the Vermont State Division of Child Development, the Northern Lights Career Development Center, the Vermont Association of Child Care Providers and others. Now, instead of trying to incorporate training of child care providers into the hour we're working with children, we are offering 6 hours in 3 2-hour sessions to all child care providers we work with, after child care hours. For attending that training, the providers will earn credits for the required Vermont Core Competencies for Early Childhood Educators.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		8,087.
Cultural Access Programs		
<p>Ticket Distribution: Distributed \$2 ticket vouchers to 55 people with disabilities and low incomes for 3 shows at the Flynn Center for the Performing Arts in Burlington, Vermont. Offered audio description and ASL at 2 performances. Provided transportation for 12 people with developmental disabilities to participate in performance. This program served 70 people.</p> <p>Technical Assistance: VSAVT Executive Director became a member of the Program Committee for the Flynn Center for the Performing Arts, advising them about the availability of performers with disabilities (for instance, JazzArtSigns), and in helping to create a committee to engage the Deaf Community by more advanced planning of which events to provide ASL for.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		6,505.
<p>SafeArt is a program of dance and drama for survivors of sexual abuse and for women and girls who are at risk of abuse.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		33,787.
	<u>\$ 0.</u>	<u>\$ 191,797.</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 3,929.	\$ 3,929.	\$ 0.
Machinery and Equipment	14,254.	14,254.	0.
Total	<u>\$ 18,183.</u>	<u>\$ 18,183.</u>	<u>\$ 0.</u>

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VSA Arts Vermont, Inc.

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Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Jennie Kristel		
Relationship of Lender:	Board member		
Repayment Terms:	none		
Security Provided:	none		
Purpose of Loan:	general operating		
Original Amount:	15,000.		
Balance Due:		\$	15,000.
		Total \$	<u><u>15,000.</u></u>

Statement 8
Form 990, Part IV-B, Line b(4)
Other Amounts

Penalty accrued on prior 990, not on f/s.....	\$	315.
	Total \$	<u><u>315.</u></u>

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Dave Speidel 239 Spear Street Charlotte, VT 05445	Director 0	\$ 0.	\$ 0.	\$ 0.
Celia Asbell 77 College St. Burlington, VT 05402	Treasurer 0	0.	0.	0.
Marcela Pino 276 Mt. Philo Road Shelburne, VT 05482	President 0	0.	0.	0.
Jennie Kristel 139 Killarney Drive Burlington, VT 05401	Vice President 0	0.	0.	0.
Bess O'Brien 949 Somers Rd Barnet, VT 05821	Director 0	0.	0.	0.

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VSA Arts Vermont, Inc.

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Statement 9 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jenn Wlordarski 125 Buell St., Apt 1 Burlington, VT 05401	Secretary 0	\$ 0.	\$ 0.	\$ 0.
Judith Chalmer 20 West Canal St. Winooski, VT 05404	Executive Direc 0	41,202.	0.	0.
	Total	<u>\$ 41,202.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 10
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Total	<u>\$ 1,243.</u>	<u>\$ 989.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 2,232.</u>

**IRS e-file Signature Authorization
for an Exempt Organization**

2005

For calendar year 2005, or tax year beginning 10/01, 2005, and ending 9/30, 2007.

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶ 03039520062261100007

Name of exempt organization

Employer identification number

VSA Arts Vermont, Inc.

03-0307529

Name and title of officer

Judith Chalmer

Executive Director

Part I Tax Return and Return Information (Whole dollars only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here.	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12)	1b <u>239,743.</u>
2a Form 990-EZ check here.	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here.	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here.	▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here.	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Montgomery & Merrill, PC to enter my PIN 00368 as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 03039534712
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So