

**Short Form**  
**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)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. VSA Vermont, Inc. fka VSA Arts of Vermont, Inc. 20 West Canal Street #7 Winooski, VT 05404	<b>D</b> Employer identification number 03-0307529
		<b>E</b> Telephone number 802 655-7772
		<b>F</b> Group Exemption Number..... ▶

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.vsavt.org

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

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 344,236.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>R E V E N U E</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	298,935.
	<b>2</b> Program service revenue including government fees and contracts.....	<b>2</b>	34,484.
	<b>3</b> Membership dues and assessments.....	<b>3</b>	
	<b>4</b> Investment income.....	<b>4</b>	631.
	<b>5a</b> Gross amount from sale of assets other than inventory.....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses.....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1).....	<b>6a</b>	10,086.
<b>b</b> Less: direct expenses other than fundraising expenses.....	<b>6b</b>	2,114.	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</b>	7,972.	
<b>7a</b> Gross sales of inventory, less returns and allowances.....	<b>7a</b>		
<b>b</b> Less: cost of goods sold.....	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7c</b>	100.	
<b>8</b> Other revenue (describe ▶ _____).....	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.....	<b>9</b>	342,122.	
<b>E X P E N S E S</b>	<b>10</b> Grants and similar amounts paid (attach schedule)..... See Statement 1.....	<b>10</b>	67,992.
	<b>11</b> Benefits paid to or for members.....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits.....	<b>12</b>	191,255.
	<b>13</b> Professional fees and other payments to independent contractors.....	<b>13</b>	18,469.
	<b>14</b> Occupancy, rent, utilities, and maintenance.....	<b>14</b>	9,216.
	<b>15</b> Printing, publications, postage, and shipping.....	<b>15</b>	7,473.
	<b>16</b> Other expenses (describe ▶ See Statement 2).....	<b>16</b>	49,275.
<b>17 Total expenses.</b> Add lines 10 through 16.....	<b>17</b>	343,680.	
<b>A S S E T S</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	-1,558.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	<b>19</b>	105,988.
	<b>20</b> Other changes in net assets or fund balances (attach explanation).....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.....	<b>21</b>	104,430.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments.....	77,912.	86,722.
<b>23</b> Land and buildings.....		
<b>24</b> Other assets (describe ▶ See Statement 3).....	44,305.	26,013.
<b>25 Total assets.</b> .....	122,217.	112,735.
<b>26 Total liabilities</b> (describe ▶ See Statement 4).....	16,229.	8,305.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	105,988.	104,430.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>See Statement 6</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	156,767.
<b>29</b>	<u>See Statement 7</u>		
	(Grants \$ 67,992.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	81,629.
<b>30</b>	<u>See Statement 8</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	70,458.
<b>31</b>	Other program services (attach schedule). <u>See Statement 9</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	5,344.
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	314,198.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instrs.)				
(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	(e) Expense account and other allowances
Dave Speidel 239 Spear Street Charlotte, VT 05445	Director 1.00	0.	0.	0.
Celia Asbell 55 Community Drive Suite 401 South Burlington, VT 05403	Treasurer 1.00	0.	0.	0.
Joan White 265 Thomas Rd Shelburne, VT 05482	Director 1.00	0.	0.	0.
Elise Burns 204 Ethan Allen Avenue Colchester, VT 05446	Director 1.00	0.	0.	0.
Bess O'Brien 949 Somers Rd Barnet, VT 05821	Director 1.00	0.	0.	0.
Andy Perkins 208 Orchard Commons Road Hinesburg, VT 05641	Vice President 1.00	0.	0.	0.
Judith Chalmer 20 West Canal St. Winooski, VT 05404	Executive Direc 40.00	42,000.	693.	0.
Raymond Murphy PO Box 490 Charlotte, VT 05445	President 1.00	0.	0.	0.
Steven L. Mason 52 Finnegan Road Lowell, VT 05847	Director 1.00	0.	0.	0.
Jodi Whalen 78 Henry St Burlington, VT 05401	Director 1.00	0.	0.	0.
Rene DeLaricheliere 37 Green Mountain Drive St Albans, VT 05478	Director 1.00	0.	0.	0.
Valerie Maniscalco 22 Silver Fox Cove Shelburne, VT 05482	Director 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 10

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	X	
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9. N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities. N/A		
<b>40a</b>	Section 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>40b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
<b>40e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The organization's books are in care of ▶ Judith Chalmer Telephone no. ▶ 802 655-7772  
 Located at ▶ 20 West Canal St Winooski VT ZIP + 4 ▶ 05404

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
<b>44</b>		X
<b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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				

**f** Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000..... ▶ \_\_\_\_\_

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.

**Sign Here**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

▶ Judith Chalmer Executive Director  
 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 Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Montgomery & Merrill, PC  
110 Main Street EIN ▶ N/A  
Burlington, VT 05401-8451 Phone no. ▶ (802) 864-6565

May the IRS discuss this return with the preparer shown above? See instructions ..... ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2009**

**Open to Public Inspection**

Name of the organization <b>VSA Vermont, Inc. fka VSA Arts of Vermont, Inc.</b>	Employer identification number <b>03-0307529</b>
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**Part I Reason for Public Charity Status** (All 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.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>(i)</b> a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>(ii)</b> a family member of a person described in (i) above? .....		
<b>(iii)</b> a 35% controlled entity of a person described in (i) or (ii) above? .....		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	238,460.	228,616.	200,388.	258,405.	309,021.	1,234,890.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 <b>Total.</b> Add lines 1-through 3.	238,460.	228,616.	200,388.	258,405.	309,021.	1,234,890.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						160,970.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,073,920.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	238,460.	228,616.	200,388.	258,405.	309,021.	1,234,890.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,862.	1,525.	1,129.	408.	631.	7,555.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.				369.		369.
11 <b>Total support.</b> Add lines 7 through 10.						1,242,814.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	86.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	89.0 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.





Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
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Unrealized gain on investment

	369.				
Total	<u>\$ 0.</u>	<u>\$ 369.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

Name of the organization <b>VSA Vermont, Inc.</b> <b>fka VSA Arts of Vermont, Inc.</b>	Employer identification number <b>03-0307529</b>
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**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 an organization 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 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 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 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

VSA Vermont, Inc.

03-0307529

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 10,000.	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 Vermont, Inc.

03-0307529

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 6,000.	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.)

Name of organization

Employer identification number

VSA Vermont, Inc.

03-0307529

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		

BAA

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

Client 0368

VSA Vermont, Inc.  
fka VSA Arts of Vermont, Inc.

03-0307529

6/02/11

09:51AM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Youth Project	
Donee's Name:	Safe Art	
Donee's Address:	c/o Tracy Penfield PO Box 251 Chelsea, VT 05038	
Relationship of Donee:	None	
Cash Amount Given:		\$ 67,992.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion.....	\$	72.
Art supplies.....		3,983.
Depreciation.....		1,164.
Equipment Rental.....		861.
Insurance.....		2,180.
Less special event exp.....		-2,114.
Miscellaneous.....		26.
Office Expenses.....		4,711.
On Line Services.....		8,458.
Program Awards.....		1,033.
Telephone.....		3,364.
Travel.....		25,537.
<b>Total</b>	<b>\$</b>	<b>49,275.</b>

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 4,981.	\$ 0.
Miscellaneous.....	3,493.	2,329.
Pledges and Grants Receivable.....	33,000.	19,975.
Prepaid Expenses and Deferred Charges.....	2,831.	3,709.
<b>Total</b>	<b>\$ 44,305.</b>	<b>\$ 26,013.</b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 14,729.	\$ 8,305.
Deferred Revenue.....	1,500.	0.
<b>Total</b>	<b>\$ 16,229.</b>	<b>\$ 8,305.</b>

6/02/11

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**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

It is the mission of VSA Vermont to make the world of the arts accessible to Vermonters of all abilities. VSA Vermont is the only statewide Vermont nonprofit devoted to arts and disability inclusion.

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Arts Education: VSA Vermont offers inclusive arts education workshops in visual arts, music, theater and dance to Vermonters of all ages and abilities, in every county of Vermont. VSAVT workshops are designed to offer participants opportunities to find, develop and make use of their strongest, most confident, creative voices for fuller participation in community life. All our programs are collaborative and help our partnering organizations achieve their goals. For instance, VSAVT partners with the Vermont State Department for Children and Families' Child Development Division to conduct our Start With The Arts program consisting of inclusive arts-based literacy workshops at 60 isolated, home based childcare sites each year serving low-income children of all abilities. Children in that program advance in skills measured by State education standards in literacy and arts as well as State Child Development goals for school readiness. Other programs in after school settings and in community settings for adults offer participants skill development in either State educational standards or State goals for Individual Service Plans. VSAVT's arts education programs directly serve 660 children and 568 adults each year.

**Statement 7**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

Other Programs: VSA Vermont conducts Public Awareness and Outreach programs that include our e-newsletter, public access television broadcasts and special events that promote awareness of the skills and contributions of Vermonters with disabilities as well as awareness of the importance of the arts in providing the means for people of all abilities to use their strongest voices for full community participation. VSA Vermont offers fiduciary agent services for other programs that do not have their own 501(c)3 status and that fall within the scope of arts and/or disability services. Safe Art's programs focusing on trauma associated with domestic violence and New Boston Film's production on the history of Pilobolus Dance Company are examples of those fiduciary agent services. VSA Vermont directly serves 700 children and 3450 adults in Other Programs annually.

**Statement 8**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

Professional Development: VSA Vermont offers professional development workshops for artists who learn inclusive teaching methods, and for educators and social service providers who learn to use the arts as a way to more fully engage their students or those receiving services. As an example, there is a large



**Statement 8 (continued)**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

professional development component in VSAVT's Start With The Arts program described in Arts Education, above. Childcare providers completing professional development in Start With The Arts receive 20 credits useful in achieving Vermont State mandatory Core Competencies for Early Childhood Educators and can apply credits earned to applications for the State's Step Ahead for Recognition System and increased subsidies, and can also apply their credits toward maintaining Specialized Home Care status. Other VSAVT arts education programs also offer a component of professional development for program partner staff. An additional component of VSAVT's professional development program is assistance to artists with disabilities in furthering career goals in the arts. An example of that work is the ongoing professional development and performance opportunities for members of VSA Vermont's Awareness Theater Company, comprised of adults with developmental disabilities and other community theater artists interested in inclusive programming. VSAVT's professional development programs directly serve 415 adults annually.

**Statement 9**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
Cultural Access: VSA Vermont partners with venues such as the Flynn Center for the Performing Arts and the Shelburne Museum to assist in increasing the number of artists with disabilities presented at those venues and the number of audience members with disabilities welcomed and accommodated. In addition, VSA Vermont helps develop new audiences for the arts with commissioned projects, such as VSA Vermont's 2-year commission from the Vermont Center for Crime Victim Services, to create a traveling show by the Awareness Theater Company specifically to get the word out to New American populations about services available should anyone in those communities become a victim of a crime. Live and recorded performances are conducted in non-traditional performance spaces and are translated for audiences for whom English is a second language. This is an excellent example of the way that accessibility for people with disabilities is increasingly recognized as accessibility for numerous populations. Within this and other similar projects, adults with developmental disabilities take on a leadership role in addressing issues of concern to communities in which they live. VSA VT directly serves 280 children and 400 adults in Cultural Access programs annually.	Includes Foreign Grants: No	5,344.
Total	\$ 0.	\$ 5,344.

**Statement 10**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No