

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2009

Department of the Treasury

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

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

	For the	2009 calendar year	, or tax year beginning	September 1	, 2009, and			gust	31 ,	20 10	
B	Check if applicable Please C Name of organization			D Emplo	yer id	lentification nu	ımber				
_	Address c	label or						03-6010091			
=	Name cha	nge print or		x, if mail is not delivered to stree	t address) Ro	om/suite	E Teleph	one n	umber		
=	Initial retur Terminate	121	PO BOX 425								
Ħ,	Amended	return Specific	specific City or town, state or country, and ZIP + 4						F Group Exemption		
	Application		MONTPELIER, VT 05601-	0425			Numt		•		
	• Sect	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting M					inting Met	thod	☑ Cash [Accrua	
		a co	mpleted Schedule A (Form	990 or 990-EZ).		+	(specify)				
ı V	N ebsit	e:▶ <u>WWW.VERM</u>	MONTPHILHARMONIC.ORG	1					organization is		
<u>J T</u>	Гах-ехе	mpt status (check o	only one) — 🗹 501(c) (3)	◆ (insert no.) ☐ 4947(a)(1)	or 527	990-E	Z, or 990	-PF).	,		
K	Check •	f the organ	ization is not a section 509(a)	(3) supporting organization a	nd its gross re	ceipts are r	normally n	ot m	ore than \$25,0	000. A	
	Form 99	0-EZ or Form 990 re	eturn is not required, but if the	ne organization chooses to fil	e a return, be	sure to file	a comple	ete re	tum.		
L A	Add lines	5b, 6b, and 7b, to lin	e 9 to determine gross receipt	s; ff \$500,000 or more, file For	n 990 instead o	of Form 990	-EZ ▶	\$		43,89	
P	art I	Revenue, Exp	penses, and Changes	in Net Assets or Fund	Balances	(See the	ınstruc	tion	s for Part I.	.)	
	1	Contributions, gif	fts, grants, and similar am	ounts received				1		20,58	
	2	_	revenue including govern				[2		23,29	
	3	-	s and assessments				[3			
	4	Investment incom	ne				[4		1:	
	5a	Gross amount fro	om sale of assets other th	an inventory	5a					···	
	Ь	Less: cost or other	er basis and sales expens	ses	h +						
	c		Less: cost or other basis and sales expenses								
9	6							5c			
Revenue	a		Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐								
<u>§</u>	"	Gross revenue (not including \$ of contributions reported on line 1)									
<u></u>	ь	reported on line 1)									
	C			• •		. C=\		<u>.</u> .			
	7a	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances					· · -	6c			
	Ь	Less: cost of goo						_			
	C		oss) from sales of inventor	y (Subtract line /b from II	ne /a)		· · -	7c			
	8	Other revenue (de		~			—', ⊦	8		40.00	
	9		dd lines 1, 2, 3, 4, 5c, 6c,		•	• • •		9		43,89	
	10		ar amounts paid (attach so	chedule)			· · · -	10		50	
	11	Benefits paid to o	or for members	TED:			<u></u>	11			
565	12	Salaries, other co	ompensation, and employ and other payments to in	de benefits			· · · ⊢	12			
Expenses	13	Professional fees	and other payments to in	dependent contractors .				13		21,319	
×	14	Occupancy, rent,	utilities, and maintenance	e ⁵⁰¹¹ · [5]····			_	14		8,46	
ш	15	Printing, publicati	utilities, and maintenancions, postage, and shippi	y3 <i>û11. : \fi </i> 5/			· · [15		6,05	
	16	Oner expenses o	ciescrice auverusina.	music. Acease, insurance.	office supplie	es)	16		8,49	
	17	Total expenses.	Add lines 10 through 16	<u> </u>	<u></u>		. ▶	17		44,83	
	1 40	Excess or (deficit)) for the year Subtractium	e 17 from line 9)			· · L	18		(939	
ts	18	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with									
sets	1							1		30,28	
Assets	1		e reported on prior year's	return)			· · L	19		30,20	
let Assets	19 20	end-of-year figure		•			⊢	19 20		30,26	
Net Assets	19	end-of-year figure Other changes in	e reported on prior year's	ces (attach explanation) .			[
	19 20	end-of-year figure Other changes in Net assets or fund	e reported on prior year's net assets or fund baland	ces (attach explanation) Combine lines 18 through	 Jh 20		 . ▶	20 21	nd of Form 9	29,343	
	19 20 21	end-of-year figure Other changes in Net assets or fund	e reported on prior year's net assets or fund baland d balances at end of year	ces (attach explanation) Combine lines 18 throug 25, column (B) are \$1,25	 Jh 20	re, file For	 . ▶	20 21 istea	ad of Form 9 (B) End o	29,34 3	
	19 20 21 art II	end-of-year figure Other changes in Net assets or fund Balance Shee	e reported on prior year's net assets or fund baland d balances at end of year ets. If Total assets on line	ces (attach explanation) Combine lines 18 through 25, column (B) are \$1,25 or Part II.)	h 20 0,000 or mo	re, file For	m 990 in	20 21 istea	(B) End o	29,34 3 190-EZ. of year	
Pa	20 21 art II	end-of-year figure Other changes in Net assets or fund Balance Shee	e reported on prior year's net assets or fund balance d balances at end of year ets. If Total assets on line (See the instructions for	ces (attach explanation) Combine lines 18 through 25, column (B) are \$1,25 or Part II.)	 h 20 0,000 or mo	re, file For	m 990 in	20 21 nstea ear ,716	(B) End o	29,34 3 190-EZ. of year	
Pa 22	20 21 art II	end-of-year figure Other changes in Net assets or fund Balance Sheet sh, savings, and in and buildings.	e reported on prior year's net assets or fund balance d balances at end of year ets. If Total assets on line (See the instructions for	ces (attach explanation) . Combine lines 18 through 25, column (B) are \$1,25 or Part II.)	h 20	re, file For	. ▶ m 990 in pinning of y. 3,	20 21 nstea ear ,716	(B) End of 22 23	29,343 990-EZ. of year 2,777	
Pa 22 23	20 21 art II Ca Lar	end-of-year figure Other changes in Net assets or fund Balance Sheet sh, savings, and in and buildings.	e reported on prior year's net assets or fund balance d balances at end of year ets. If Total assets on line (See the instructions for exercise the convention of the envestments	ces (attach explanation) . Combine lines 18 througe 25, column (B) are \$1,25 or Part II.)	h 20	re, file For	m 990 ir pinning of y. 3,	20 21 nstea ear ,716	(B) End of 22 23 24	29,34 3 990-EZ.	
22 23 24	20 21 art II Cal Lar Ott	end-of-year figure Other changes in Net assets or fund Balance Sheet sh, savings, and in and and buildings . her assets (describ	e reported on prior year's net assets or fund balance d balances at end of year ets. If Total assets on line (See the instructions for estimate) (See the instructions for estimate) fixed assets: music	ces (attach explanation) . Combine lines 18 througe 25, column (B) are \$1,25 or Part II.)	h 20	re, file For	m 990 ir pinning of y. 3,	20 21 nstea ear ,716 ,566	(B) End of 22 23 24	29,343 990-EZ. of year 2,777 26,566	

orm	990-EZ	(2009)

Page 2

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
Nha	t is the organization's primary exempt purpose?	See statement 1				ired for section	
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concis	se 501(c)(3) and 501(c)(4)		
	ner, describe the services provided, the number of				_ organ	zations and section a)(1) trusts, optional	
each	program title.				for ot		
28	See statement 1		···				
					-		
					·-		
	(Granta \$ 500) If this amount	unaludas forsign grants ab			ī 200	41,083	
~	(Grants \$ 500) If this amount	includes foreign grants, ch	eck nere	· <u> </u>	28a	41,003	
29							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ <u>L</u>	29a		
30							
					_ [
					·		
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗀	30a		
31							
		includes foreign grants, ch	eck here		31a		
32	Total program service expenses (add lines 28a					41,083	
	t IV List of Officers, Directors, Trustees, and Key						
u.	East of Officers, Directors, Trustees, and Re	(b) Title and average	(c) Compensation	(d) Contrib		(e) Expense	
	(a) Name and address	hours per week	(If not paid,	employee ber	refit plans &	account and	
		devoted to position	enter -0)	deferred con	pensation	other allowances	
	Liptak	President - 5 hrs]	1			
	Moretown Mountain Rd, Moretown, VT 05660		0		0		
	er Waldman	Vice-president 2 hrs		[
3292	Randolph Road, Morrisville, VT 05661	Vice president 2 ms	0		0	0	
Wav	rell Cowan	Secretary Eb-					
7402	Route 100B, Moretown, VT 05660	Secretary - 5 hrs	0	1	0	0	
Nan	cy Collins						
419	Washington Street, Barre, VT 05641	Treasurer - 3 hrs	l o		0	0	
_	id Dudey						
	ington, VT 05401	Director - 2 hr				0	
	othy Rogers	 		-	0		
	West Hill Road, Stowe, VT 05672	Director - 1 hr	0		0	0	
			<u>_</u>				
	ta Cambra	Director - 1 hr			_	_	
	3 Crosstown Road, Berlin, VT 05602		0	<u> </u>	0	0	
	nne Edwards	Director - 1 hr		<u> </u>		1	
<u>401</u>	Maple Hill Road, Johnson, VT 05656		0		0	0	
	Robisky	Director - 1 hr					
21 V	ine Street, Montpelier, VT 05602	Director - Till	0		0	0	
]			
				<u>L</u>			
		Ï					
	- 12-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7						
		1					
	***	1					
				 			
							
. 		.		ļ			
		_					
		<u> </u>	<u> </u>	<u> </u>			
		T				· · · · · · · · · · · · · · · · · · ·	
		1					
			<u> </u>				
		1					
		i					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0 Did the organization file Form 1120-POL for this year?	36 37b		1
38a	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?	38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Nancy Collins Telephone no. ▶	302 47	9-1224	4
	Located at ► 419 Washington St, Barre, VT ZIP + 4 ►	05€	341	
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		Yes	No
	account)?	42b		-
•	and Financial Accounts.	42c		7
с 43	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	720	لـــــــا ا	<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		1

		,	
orm	990-EZ	(2009)	

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	47(a)(1) nonexempt cha	exempt charitab ritable trusts mus	le trusts only. A t answer question	ll sec ns 46	tion 3–491	b
46	Did the organization engage in direct or indirect	t political campaign activi	ties on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete	· ·			46		√
	Did the organization engage in lobbying activities				47		✓
	Is the organization a school as described in section				48		1
	Did the organization make any transfers to an ex		•		49a		✓
50	If "Yes," was the related organization a section a Complete this table for the organization's five h employees) who each received more than \$100,	ighest compensated empl	oyees (other than o	fficers, directors, t	ruste	es an	d key
	(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 & deferred compensation	(e)	Expensount a	nse and
None		- dovoted to position			Other	allowa	inces
_							
		-					
		-					
			- 				
		-					
							
	\$100,000 of compensation from the organization (a) Name and address of each independent contractors.		- ·	ne of service	(c) Cor	npensa	ation
None							
đ	Total number of other independent contractors	each receiving over \$100,0	000▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompa n of preparer (other than officer) is	nying schedules and star based on all information	tements, and to the bes of which preparer has a	t of my	knowle wledge	edge B.
Sign Here	Signature of officer Nancy E Collins, Treasurer Type or print name and title	llus			111		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	iber (See	 o instruc	tions)
Use On	I FINITS HAMBER OF THE STATE OF						
May the	e IRS discuss this return with the preparer show	n above? See instructions		▶ 🗆	Yes m 990		lo (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization ► E

Open to Public Inspection

Employer identification number

VEI	RMC		RMONIC, INC						03		601009		
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) S	ee instru	ctions.		
The 1	orga	anization is n	ot a private four	ndation because it is: irches, or association	(For lines	1 throug	gh 11, ch	eck only	one box	i.)			
2	$\overline{\Box}$			on 170(b)(1)(A)(ii). (At				3000011	, 0(1)(1)(·-/\/\-			
3	=			hospital service organ				- 470/L\	/4\/ A \/:::				
4				ation operated in conj								C-A-	
		hospital's na	ame, city, and st	ate:									
5	_	section 170	(b)(1)(A)(iv). (Co								ıl unit d	escrit	oed in
6	Ш	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	tion 170(b)(1)(A)(v).			
7	V			y receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the ger	neral p	oublic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9				receives: (1) more that				m contrib	utions, n	nembersh	ıp fees.	and o	aross
		receipts from	n activities relate	ed to its exempt function	tions—su	bject to	certain e	xceptions	and (2)	no more	than 3	31/3 %	of its
				ent income and unre									
				after June 30, 1975.							,		
10	П	An organizat	tion organized a	nd operated exclusive	alv to tes	t for publ	lic eafativ	Soo soc	tion 500	(a)(A)			
11				and operated exclusive							r to oo		ut the
••		nurnoses of	one or more out	blicly supported organ	nizations	describe	d in sect	ion 500/a	1/1) or so	ction 500	(a)(2) S	ny O	ut the
				at describes the type									CLIOII
		a 🗌 Type		_						_			
_				* *				integrate			Туре		
е	ш			tify that the organizat on managers and othe									
			section 509(a)(2)		r man on	e or more	publicly	supporte	organi.	zations de	escribed	ı ın se	ection
			` , , ,										
f				a written determinati	on from	the IRS	that it is	a Type	l, Type II	l, or Type	ill sup	porti	ng _
		-	, check this box										
g		_		the organization acce	epted any	gift or c	ontribution	on from a	iny of the	•			
		following pe											
				r indirectly controls, e				th persor	is descri	bed in (ii)		Yes	No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)		
		(ii) A family	member of a pe	rson described in (i) a	above?	ove?			<u>11g</u>				<u> </u>
				of a person described							11g(iii)		
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anızation	(s).						
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the		Amount	
organization		anization		(described on lines 1-9 above or IRC section	in col. (i) listed in your the organization governing document? col (i) of yo			organization in col. (i) organized in the		support			
				(see instructions))	governing document.		support?		US?				
					Yes	No	Yes	No	Yes	No			
						İ	}						
										-			
								-		<u> </u>			

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received. (Do not 21,452 17,918 22,297 29,638 20,581 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 17,918 29,638 20,581 111,886 21,452 22,297 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 36,532 shown on line 11, column (f) 75,354 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2007 (e) 2009 (a) 2005 **(b)** 2006 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ 111,886 21,452 17,918 22,297 29,638 20,581 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 102 85 17 12 344 128 Net income from unrelated business activities, whether or not the business is 344 regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 112.230 11 Total support. Add lines 7 through 10 . 96,100 Gross receipts from related activities, etc. (see instructions) 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 67.14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 b 10%-facts-and-circumstances test-2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □ 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.)

Sec	tion A. Public Support						
Ca	alendar 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 any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					L.	[
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	· · · · · · · · · · · · · · · · · · ·					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for toganization, check this box and stop to organization.	here					
Sec	tion C. Computation of Public Sup	pport Perce	ntage				
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	%
16	Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	<u> </u>	<u></u>	16	%
Sec	tion D. Computation of Investmen	t Income Po	ercentage				
17	Investment income percentage for 2009			by line 13. c	olumn (fl)	17	%
18	Investment income percentage from 20					18	%
19a	331/3 % support tests—2009. If the orga					nore than 331/a	%, and line
	17 is not more than 331/2 %, check this be						
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization						

Schedule A (Fo	Schedule A (Form 990 or 990-EZ) 2009 Page 4			
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.			
	·			

	•			

Statement 1

Form 990-EZ Part III, Line 28

The purpose of the Vermont Philharmonic, Inc. is to provide the very best possible live, symphonic music concerts within our means and abilities to as wide an area of Vermont audiences as feasible; to promote the appreciation of good symphonic and chamber music among the students of our area through special concerts and recital; to afford the opportunity to qualified student and adult area musicians to perform the symphonic literature; to assist our orchestra musicians in developing their musical talents. Student ticket price is \$5.

2009 - 2010 Programs

Fall Concert

Performances at Saint Johnsbury Academy, St. Johnsbury, Vermont, and Barre Opera House, Barre, Vermont were conducted by Louis A. Kosma and Lisa Jablow. Soloists from the Bel Canto Institute were Elise Jablow, Soprano, Joann Martinson, Soprano and included the Johnson State College Chorus and Vermont Philharmonic Chorus. Music included: Overture to Le Maschere - Pietro Mascagni; Quel guardo il cavaliere from Don Pasquale - Gaetano Donizetti; Come per me sereno from La sonnambula - Vincenzo Bellini; Prelude to Rigoletto - Giuseppe Verdi; Caro nome from Rigoletto - Giuseppe Verdi; Humming Chorus from Madama Butterfly - Giacomo Puccini; Prelude to Act III of Madama Butterfly - Giacomo Puccini; Prendi; il mio rigor from L'elisir d'amore - Gaetano Donizetti; Il dolce suono (Mad Scene) from Lucia di Lammermoor - Gaetano Donizetti; and Hymn and Triumphal March from Aida - Giuseppe Verdi. General public audience and students – St Johnsbury: 194; and Barre Opera House – 181.

Messiah Concerts

Performances at St. Augustine's Church, Montpelier, Vermont, and at Barre Opera House, Barre, Vermont were conducted by Lisa Jablow. This concert was of George F. Handel's "Messiah" featuring four soloists with area choral group members. General public audience and students – St. Augustine – 241, and Barre Opera House -242.

Winter Concert (Youth Concert)

Performances at Elley Long Music Center, Colchester, Vermont and Barre Opera House, Barre, Vermont were conducted by Louis A. Kosma and included performance by Sarah Durham, Piano - Jon Borowicz Memorial Student Scholarship Winner 2010. Music included: The Moldau (Vltava) from Má vlast - Bedřich Smetana; Concerto in A minor, Op. 54 - Robert Schumann; I. Allegro affettuoso; and Symphony No. 5 in E minor, Op.64 - Peter Tchaikovsky. General public audience and students – Elley Long Music Center – 114 and Barre Opera House - 235.

Family Concert

Federal Statements Vermont Philharmonic Inc. September 1, 2009 to August 31, 2010 Page 2 of 2 03-6010091

Performance at the Barre Opera House, Barre, Vermont was conducted by Louis Kosma and featured childrens' homemade instruments, and included members of the Green Mountain Youth Symphony. Music included: Yankee Doodle Traditional, arr. Sweeney; Yankee Doodle with fife and drum; String Quartet Attributed to Benjamin Franklin; Armonica demo with Cecilia Brauer - Adagio in C, K. 617a -Wolfgang Amadeus Mozart; Chester William Billings - Chester for Orchestra William Billings, arr. Lloyd; America String Orchestra - William Billings; Superman Returns - John Williams/John Ottman, arr. Lopez; Toy Symphony - Leopold Mozart; One More Look Tim Woos - Tim Woos; Finale from 1812 Overture - Peter I. Tchaikovsky. General public and students – 232.

Spring Concert

Performances at the Chandler Music Hall, Randolph, Vermont and at the Hardwick Town Hall, Hardwick, Vermont was conducted by Louis A. Kosma. Soloist - Samuel Magill, Cello. Music for this concert included: Procession of the Nobles from Mlada - Nikolai Rimsky-Korsakov; Concerto for Cello and Orchestra - Vladimir Dukelsky; Suite No. 2 for Small Orchestra - Igor Stravinsky; Introduction to Khovanshchina - Modest Mussorgsky; and Polovtsian Dances from Prince Igor - Alexander Borodin.

General public and students - Randolph Concert -133; Hardwick Concert - 131. Summer

Pops Concert

Performances at Moose Meadow Lodge, Duxbury, Vermont and Barre Opera House, Barre, Vermont were conducted by Louis Kosma. Music included: Selections from West Side Story - Leonard Bernstein, arr. Mason; Over the Rainbow - Harold Arlen, arr. Rothrock; Bill Bailey - arr. Leidig and Niehaus; March from Athalia - Felix Mendelssohn, arr. Isaac; Ashokan Farewell - Jay Ungar, arr. Cerulli; Fiesta Tropicale - arr. Victor Lopez; Summertime - Geroge Gershwin, arr. Cerulli; Duke Ellington Medley for Orchestra - Duke Ellington, arr. Custer; My Funny Valentine - Richard Rodgers, arr. Gold; Someone to Watch Over Me - George Gershwin, arr. Sayre; and A Salute to Rodgers and Hammerstein - Richard Rodgers, arr. Moss. General public and student attendance: Barre Opera House Concert – 165; and Duxbury Concert – 182.