

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



DLN: 93493313024125

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca		ng 07-01-2014 , and ending 06-30-20	015		<u> </u>
B Ch	eck if ap	pplicable	C Name of organization VERMONT COUNCIL ON THE ARTS	INC		D Employe	er identification number
☐ Add	lress ch	nange				03-021	.8115
☐ Na	me char	nge	Doing business as				
┌ Init	ıal retur	m	VERMONT ARTS COUNCIL			E Telephon	e number
_ Fin	al		Number and street (or P O box if 136 STATE STREET	mail is not delivered to street address) Room,	/suite		
_		mınated				(802)8	28-3291
	ended r		MONTPELIER, VT 05633	ountry, and ZIP or foreign postal code		G Gross red	ceipts \$ 1,728,118
Apı	olication	n pendin	g			0 01033 100	.c.pt3
			F Name and address of pr	rıncıpal officer		this a group r	
			ALEXANDER L ALDRICH 136 STATE STREET		St	ubordinates?	┌ Yes ┌ No
			MONTPELIER, VT 05633		H(b) A	re all subordin	ates 「Yes「No
			<u> </u>		in	cluded?	
<u> </u>	x-exem	npt statu	s ✓ 501(c)(3) 501(c)() ◀	(insert no) 4947(a)(1) or 527	_ If	"No," attach a	list (see instructions)
J W	ebsite	e: ► W	WW VERMONTARTSCOUNCIL	ORG	H(c) G	Group exemption	n number ►
K For	n of org	ganızatıc	on 🔽 Corporation 🗌 Trust 🦳 Associat	tion Cother ►	L Year o	of formation 1964	4 M State of legal domicile VT
Pa	rt I	Sur	mmary				
Governance		THE C	OUNCIL'S MISSION IS TO AD' S GRANTS AND SERVICES ING MATION, AND IS THE STATE'S	ion or most significant activities VANCE AND PRESERVE THE ARTS A CLUDING WORKSHOPS, PROFESSIO S FOREMOST ARTS ADVOCATE discontinued its operations or dispose	NAL DEVEL	OPMENT OPF	PORTUNITIES AND ARTS
	2 (CHECK	this box In the organization of	discontinued its operations of dispose	a of more tha	311 25% OFFIST	iel dssels
Activities &	3 1	Numbe	r of voting members of the gover	rning body (Part VI, line 1a)		[3 17
Ě	4 1	Numbe	r of independent voting members	s of the governing body (Part VI, line 1	b)	[4 17
뒿	5 1	Total n	umber of individuals employed in	n calendar year 2014 (Part V, line 2a)		[5 12
Q.	6 7	Total n	umber of volunteers (estimate if	necessary)			6 50
				Part VIII, column (C), line 12			7a 0
	b P	Net un	related business taxable income	from Form 990-T, line 34			7b 0
	8	Cant	whitene and grants (Dart VIII	line 1h)	<u> </u>	Prior Year 1,722,86	Current Year 1,635,394
≗	9			line 1h)	<u> </u>	97,00	
Revenue	10	_	·	nn (A), lines 3, 4, and 7d)		21,7!	<u> </u>
ů.	11), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	7,88	
	12		·	1 (must equal Part VIII, column (A), I	ıne	·	
				<u> </u>		1,849,49	
	13			rt IX, column (A), lines 1-3)		700,26	-
	14		·	: IX, column (A), line 4)			0 0
8	15	5-10		yee beliefits (Fart IX, Column (A), inte		728,70	806,204
8	16a	Profe	essional fundraising fees (Part I)	K, column (A), line 11e)	•		0 0
Expenses	ь	Total	fundraısıng expenses (Part IX, column (D), line 25) • 15,961	-		
_	17	Othe	er expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)		370,26	394,980
	18	Tota	lexpenses Add lines 13-17 (m	ust equal Part IX, column (A), line 25)	1,799,24	1,880,722
	19	Reve	enue less expenses Subtract line	e 18 from line 12		50,2	<u> </u>
Not Assets or Fund Balances					Begin	ning of Current Year	End of Year
to see	20	Tota	l assets (Part X, line 16)			1,575,2	1,422,482
4.2 4.2 4.2	21					374,58	
žĒ	22	Neta	assets or fund balances Subtrac	t line 21 from line 20		1,200,62	1,048,023
Unde my k	nowled	alties o dge and		xamined this return, including accompomplete Declaration of preparer (other			
			****			2015 11 00	
Sigr	,	IB	**** nature of officer			2015-11-09 Date	
Her		ALF	EXANDER L ALDRICH EXECUTIVE DIRECT	TOR			
			pe or print name and title				
					I		PTIN
			Print/Type preparer's name CONNIE FELLION	Preparer's signature CONNIE FELLION		CHECK! II	
— Paid	t		Print/Type preparer's name CONNIE FELLION Firm's name MCSOLEY MCCOY &	CONNIE FELLION			201875413
	d pare	r	CONNIÉ FELLIÓN	CONNIE FELLION CO		self-employed	P01875413 0327374

SOUTH BURLINGTON, VT 05403

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form	990 (2014) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
GRA	COUNCIL'S MISSION IS TO ADVANCE AND PRESERVE THE ARTS AT THE CENTER OF VERMONT COMMUNITIES IT OFFERS NTS AND SERVICES INCLUDING WORKSHOPS, PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND ARTS INFORMATION, IS THE STATE'S FOREMOST ARTS ADVOCATE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 519,268 including grants of \$ 413,207) (Revenue \$)
	COMMUNITY DEVELOPMENT PROGRAM PROVIDES GRANTS AND SERVICES TO SUPPORT EFFORTS BY COMMUNITIES TO MAKE THE ARTS PART OF EVERYDAY LIFE AND TO INCREASE PUBLIC AWARENESS OF THE POSITIVE ROLE PLAYED BY ARTISTS AND ARTS ORGANIZATIONS IN THEIR COMMUNITIES 64 GRANTS WERE AWARDED TO ARTS ORGANIZATIONS, ARTISTS, AND COMMUNITIES, INCLUDING THE FIRST YEAR OF A NEW TWO-YEAR OPERATING GRANT PROGRAM GRANT-SEEKERS AND CULTURAL FACILITIES WORKSHOPS WERE HELD AN ACCESS CONSULTANT HELPED CULTURAL FACILITIES APPLICANTS WITH ACCESS ISSUES IN THEIR APPLICATIONS ART IN STATE BUILDINGS PROJECTS WERE PREPARED FOR INSTALLATION VERMONT'S CULTURAL DATA PROJECT, A POWERFUL ONLINE MANAGEMENT TOOL TO HELP ARTS ORGANIZATIONS IMPROVE THEIR FINANCIAL MANAGEMENT AND SERVICES TO THEIR COMMUNITIES, WAS CONTINUED AN ACCESS CONSULTANT WORKED WITH STAFF ON SITE VISITS TO ASSIST LOCAL ARTS ORGANIZATIONS WITH THEIR ACCESS ISSUES AND IMPLEMENTATION PLAN UPDATES A WORKSHOP ON MAKING WEBSITES MORE ACCESSIBLE WAS HELD THE DANVILLE TRANSPORTATION ENHANCEMENT PROJECT WAS COMPLETED, INCLUDING A DOCUMENTARY FILE AND EVALUATION REPORT
41.	(Code) (Expenses \$ 346,070 including grants of \$ 175,081) (Revenue \$)
4b	ART CREATION AND PRESENTATION PROGRAM PROVIDES GRANTS AND SERVICES TO SUPPORT THE DEVELOPMENT OF VERMONT ARTISTS AND ARTS ORGANIZATIONS AND TO PROVIDE GREATER OPPORTUNITIES FOR THE CREATION AND PRESENTATION OF EXCELLENT WORK 63 GRANTS WERE AWARDED TO ARTISTS AND ARTS ORGANIZATIONS FOR PROFESSIONAL DEVELOPMENT AND CREATIVE PROJECTS, INCLUDING THE FIRST YEAR OF "ANIMATING INFRASTRUCTURE" GRANTS "BREAKING INTO BUSINESS" WORKSHOPS HELPED ARTISTS DEVELOP MARKETING AND BUSINESS PLANS GRANT-SEEKERS, LOCAL ARTS ADMINISTRATORS NETWORKING MEETINGS AND OTHER WORKSHOPS WERE HELD SCULPTURE GARDEN AND OFFICE GALLERY EXHIBITS SHOWED THE WORK OF VERMONT ARTISTS, AND WERE INCLUDED IN THE LOCAL FIRST FRIDAY ART WALKS PREPARATIONS FOR SELECTING A NEW POET LAUREATE WERE STARTED WITH A PUBLIC CALL FOR NOMINATIONS, A SELECTION OF PANEL MEMBERS AND AN INITIAL MEETING
4 c	(Code) (Expenses \$ 397,265 Including grants of \$) (Revenue \$) PUBLIC AWARENESS AND ADVOCACY PROGRAM STRIVES TO INCREASE PUBLIC AWARENESS AND SUPPORT FOR THE ESSENTIAL ROLE ARTISTS AND ARTS ORGANIZATIONS PLAY IN VERMONT'S ECONOMIC AND COMMUNITY DEVELOPMENT AND QUALITY OF LIFE ALSO ADVOCATES ON THE LOCAL, STATE AND NATIONAL LEVEL TO INCREASE PUBLIC INVESTMENT IN THE ARTS AND ARTS EDUCATION AND TO PROVIDE INPUT ON PUBLIC POLICIES AFFECTING THE CULTURAL SECTOR ELECTRONIC PROMOTIONAL OUTREACH INCLUDES AN ONLINE ARTS CALENDAR AND ARTIST DIRECTORY, A BI-WEEKLY E-NEWSLETTER ARTMAIL, ARTS ALERTS AND CONSTITUENT NOTICES VIA LISTSERVS THE COUNCIL ALSO CONTINUED ITS USE OF SOCIAL NETWORKING (FACEBOOK, TWITTER, YOUTUBE) FOR OUTREACH AND ENGAGEMENT WITH CONSTITUENTS AN ANNUAL MEETING WAS HELD WHICH WAS OPEN TO ALL AN ARTS GALA WAS HELD IN WHICH A GOVERNOR'S AWARD FOR EXCELLENCE IN THE ARTS, AN OUTSTANDING ACHIEVEMENT AWARD, AND TWO ARTHUR WILLIAMS MERIT AWARDS WERE GIVEN THE ANNUAL REPORT WAS PUBLISHED AND MADE AVAILABLE IN BOTH PRINT AND ONLINE PUBLIC AWARENESS OF THE VALUE OF THE ARTS WAS PROMOTED THE SOTH ANNIVERSARY WAS CELEBRATED WITH "YEAR OF THE ARTS" RECOGNIZING THE OUTSTNDING WORK OF ARTISTS AND ARTS ORGANIZATIONS AROUND THE STATE THE VERMONT CREATIVE NETWORK WAS STARTED WITH 10 FORUMS HELD AROUND THE STATE
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 233,434 including grants of \$ 91,250) (Revenue \$)
4e	Total program service expenses ► 1,496,037

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC G G II C G	Juli Caale

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{2}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	· ·		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 41	-		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	!		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	100		
_	1. Tes, to fine so of sp, and the organization merionin occur-1.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
j	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		INC
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
)	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
•	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
•	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	- i which the organization is need to issue qualified health plans	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		140

Section A. Coverning Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

36							
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with	any •	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con				3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	s	4		No
5	Did the organization become aware during the year of a significant diversion of the or	raanız	ation's assets?	. [5		No
6	Did the organization have members or stockholders?	5		F	6	Yes	
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint or	ne or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockho	olders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during t	the			
а	The governing body?			.	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	_		🗅	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,						
_				4 5 5 1 1 5	_		NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule				9	ia Cad	No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule ection B. Policies (This Section B requests information about policies not in the contract of the contra			rnal Re			e.)
	ection B. Policies (This Section B requests information about policies not a	requi		_	venu	ie Cod Yes	e.) No
		requi		_			e.)
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	requi	ired by the Intersection s of such chapters exempt purposes?	5,	venu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Intersection s of such chapters exempt purposes?	s, e filing	venu 10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	requi	ired by the Interior s of such chapters exempt purposes? erning body before	s, e filing	10a 10b	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Intersection of such chapters exempt purposes? erning body before	e filing	10a 10b	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Intersection of such chapters exempt purposes? erning body before	e filing	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapters exempt purposes? erning body before	e filing give . scribe	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's ets gov	s of such chapters exempt purposes? erning body before	e filing give . scribe	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's ets gov	s of such chapters exempt purposes? erning body before	e filing give . scribe	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov form 9 ily inte	s of such chapters exempt purposes? erning body before	e filing give scribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's ets gov Form 9 ly inte the p	s of such chapters exempt purposes? erning body before	e filing give . scribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivitie on's ets gov Form 9 Ity inte	s of such chapters exempt purposes? erning body before	e filing give scribe ssion?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's ets gov Form 9 Ity inte	s of such chapters exempt purposes? erning body before	e filing give scribe ssion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form 9 Ity inte	s of such chapters exempt purposes? erning body before	e filing give scribe ssion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's ets gov form 9 ly inte the p lew arne deli rizatione step	s of such chapters exempt purposes? erning body before	e filing give scribe sion? with a	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►VT COUNCIL ON THE ARTS

136 STATE STREET MONTPELIER, VT 05633 (802)828-3291

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	(C) Position (do not) Position (one box more than one box person is both ar and a Institutional Trustee or cliector			ox, unless an officer /trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARK BURKE	1 00	х						0	0	0
TRUSTEE (2) ED CLARK	2 00	х		х				0	0	0
(3) JAMES CLUBB	1 00	Х		х				0	0	0
SECRETARY/TREASURER (4) IRWIN GELBER	3 00									
CHAIR		Х		Х				0	0	0
(5) STACY GLAZIER TRUSTEE	1 00	x						0	0	0
(6) ELISABETH GORDON TRUSTEE	1 00	х						0	0	0
(7) HOLLY GROSCHNER TRUSTEE	1 00	х						0	0	0
(8) PETER KRIFF TRUSTEE	1 00	х						0	0	0
(9) MARY HEPBURN	1 00	х						0	0	0
TRUSTEE (10) REEVE LINDBERGH	1 00	×						0	0	0
TRUSTEE (11) JASON LORBER	0 00	Х						0	0	0
TRUSTEE (12) BARBARA MORROW	1 00	x						0	0	0
TRUSTEE (13) GAYLE OTTMANN	1 00	X						0	0	0
TRUSTEE (14) ROBIN PERLAH	1 00							0	0	0
TRUSTEE		Х						0	0	0
										Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check , unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related	on d is	(F Estim amount o compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz and re organiz	lated
(15) LEE KROHN	1 00	х							0	0		
TRUSTEE										<u> </u>		
(16) NICOLE NELSON	1 00	x							o	o		0
TRUSTEE (17) EDIE SAWITSKY	2 00								1	_		
	2 00	x		×					О	0		0
VICE CHAIR (18) GERIANNE SMART	0 00									\dashv		
TRUSTEE		X							0	0		0
(19) BOB STANNARD	1 00									\dashv		
VICE CHAIR		X		X					0	이		0
(20) GAIL NUNZIATA	1 00	х							0	0		0
TRUSTEE		_ ^								\dashv		
(21) JO SABEL COURTNEY	0 00	x							О	o		0
TRUSTEE (22) EDMOND STRAINCHAMPS	2 00											
,	2 00	x							О	0		0
TRUSTEE (23) ALEXANDER L ALDRICH	45 00									\dashv		
EXC DIR - SEE SCH 0				х				87,34	9	0		11,299
(24) ELAINE DUFRESNE	42 00									\dashv		
DIR OF ADMIN - SEE SCH O				Х				69,51	1	0		14,523
1b Sub-Total			•	•								
c Total from continuation sheets to Part	•		•	•				156.960		0		25.022
	<u></u>	•	• •	•		<u>-</u>		156,860		٧		25,822
Total number of individuals (including b \$100,000 of reportable compensations				ed al	DOVE	e) who	rec	eived more than				
											Yes	No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			e, key •	/ em	ploy •	yee, o	r hıç	ghest compensat	ed employee	3		No
4 For any individual listed on line 1a, is the organization and related organizations of the organization of the organizations of the organization of the o												
5 Did any person listed on line 1a receive	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for							4		No_		
services rendered to the organization?	u res, comple	ie Sche	auie.	<i>э</i> тог	suc	n pers	оп		[5		No
Section B. Independent Contracto	rs											
Complete this table for your five highes compensation from the organization. Re	port compensa								n the organizati		tax year	
	(A) usiness address							Descrip	(B) tion of services	4	(C Comper	
										#		
2 Total number of independent contractors						1						

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	1111									
		Check If Sched	uie O contains a respo	nse or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
w 90	1a	Federated cam	paigns 1a							
ants	ь	Membership du	ıes 1b							
s, Grants Amounts	С	Fundraising eve	ents 1c							
, S. L.	d	Related organiz	zations 1d							
ons, Gifte Similar	e	Government grant	s (contributions) 1e	858,812						
ons Sii	f	All other contribution	ons, gifts, grants, and 1f	776,582						
tributio Other		sımılar amounts no	ot included above	· · · · · ·						
Contributions, and Other Sim	g	Noncash contribute 1a-1f \$	ons included in lines							
Con1 and	h	Total. Add lines	s 1 a - 1 f		1,635,394					
ē				Business Code						
Program Serwce Revenue	2a	ART IN STATE BUI	LDINGS	900000	56,500			56,50		
- Fe	b									
ИСе	c									
Ser	d									
ran	e f	All other progra	am service revenue							
્રે				L						
	g 3		s 2a-2f come (including dividen		56,500					
		and other simil	aramounts)	•	34,499			34,49		
	4		stment of tax-exempt bond	proceeds -						
	5	Royalties	(ı) Real	(II) Personal						
	6a	Gross rents	(I) Keal	(II) F el solial						
	ь	Less rental expenses								
	С	Rental income								
	d	or (loss) Net rental inco	me or (loss)							
			(ı) Securities	(II) Other						
	7a	Gross amount from sales of								
		assets other than inventory								
	Ь	Less cost or other basis and								
	С	sales expenses Gain or (loss)								
	d	Net gain or (los	ss)							
	8a		from fundraising							
Other Revenue		events (not inc \$								
eve		of contributions See Part IV, lir	s reported on line 1c)							
ੌ. π			a							
the	Ь		penses b							
0	C		(loss) from fundraising	events 🛌						
	9 a		from gaming activities ne 19							
			a .							
			penses b (loss) from gaming acti							
		Gross sales of								
		returns and allo	owances . a							
	ь	less costofa	oods sold b							
			(loss) from sales of inv	entory 🛌						
		Miscellaneou	s Revenue	Business Code						
	11a	OTHER COUN	CILINCOME	900000	1,725	1,725				
	b									
	C	All other race								
	d e	Total. Add lines	ue s 11a-11d	▶						
	12		See Instructions .		1,725					
	12		See INSTRUCTIONS .		1,728,118	1,725	0	90,99		

	990 (2014)				Page 10
	Statement of Functional Expenses				
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
D	Check if Schedule O contains a response or note to any line in this		(B)		. \\(\sigma\)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	577,448	577,448		
2	Grants and other assistance to domestic individuals See Part IV, line 22	102,090	102,090		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	182,682	27,852	153,942	888
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	437,291	350,967	81,240	5,084
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,196	20,215	12,668	313
9	Other employee benefits	104,961	73,357	30,210	1,394
10	Payroll taxes	48,074	29,253	18,358	463
11	Fees for services (non-employees)				
а	Management				
b	Legal	500		500	
c	Accounting	19,000		19,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,094	60,494	3,600	
12	Advertising and promotion	27,642	24,550	3,092	
13	Office expenses	34,312	24,935	4,745	4,632
14	Information technology	83,148	69,508	13,640	
15	Royalties				
16	Occupancy	12,468	8,124	3,984	360
17	Travel	36,844	32,824	3,956	64
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,284	77,327	8,067	1,890
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,632		7,632	
23	Insurance	3,335	833	2,502	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES	11,954	11,560	99	295
b	SUBSCRIPTIONS	4,392	2,950	864	578
c	MISCELLANEOUS	2,375	1,750	625	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,880,722	1,496,037	368,724	15,961
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Fell	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this P	art X			
				(A)		(B)
	Ι.			Beginning of year		End of year
	1	Cash-non-interest-bearing		4.475.074	1	000 005
	2	Savings and temporary cash investments		1,175,971	2	999,625
	3	Pledges and grants receivable, net		202,805		229,575
	4	Accounts receivable, net		17,788	4	4,206
	5	Loans and other receivables from current and former officers, director employees, and highest compensated employees. Complete Part II Schedule L	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as defit $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributed and sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions) Complete Part II of Schedule L	buting employers		6	
Š	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,142	9	20,758
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	140.027			20,700
	b	Less accumulated depreciation		9,767	10c	14,319
	11	Investments—publicly traded securities		153,740		153,999
	12	Investments—other securities See Part IV, line 11	100,740	12	100,000	
		·		13		
	13	Investments—program-related See Part IV, line 11			14	
	14	Intangible assets				
	15	Other assets See Part IV, line 11		4 575 040	15	4 422 482
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,575,213	16	1,422,482
	17	Accounts payable and accrued expenses		41,799		36,879
	18	Grants payable		298,236		300,689
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule		21		
Liabilitie	22	Loans and other payables to current and former officers, directors, to key employees, highest compensated employees, and disqualified	·			
<u> </u>		persons Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X on Double to the complete		34,550	25	36,891
	26	Total liabilities. Add lines 17 through 25	• •	374,585	26	374,459
۵ د	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and lines 27 through 29, and lines 33 and 34.		074,000	20	G7-4,400
Fund Balance	27	Unrestricted net assets		951,331	27	839,925
<u>ප</u>	28	Temporarily restricted net assets	• •	111,700	28	70,501
<u> </u>	29	Permanently restricted net assets	• •	137,597	29	137,597
Ĭ	-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		107,307	23	107,007
Ē		complete lines 30 through 34.	and			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As.	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net '	33	Total net assets or fund balances		1,200,628	33	1,048,023
Z	34	Total liabilities and net assets/fund balances		1,575,213	34	1,422,482

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,7	728,118
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	380,722
3	Revenue less expenses Subtract line 2 from line 1	3		-1	152,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,2	200,628
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))				048,023
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 03-0218115

Name: VERMONT COUNCIL ON THE ARTS INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 233,434 including grants of \$ 91,250) (Revenue \$)

ARTS EDUCATION PROGRAM PROVIDES GRANTS AND SERVICES TO PROMOTE HIGH QUALITY ARTS EDUCATION AND LIFELONG LEARNING IN AND THROUGH THE ARTS 34 GRANTS WERE AWARDED TO SCHOOLS AND NONPROFIT ARTS ORGANIZATIONS PARTNERSHIP AND OPERATING GRANTS AWARDED IN THE COMMUNITY DEVELOPMENT PROGRAM ALSO SERVE ARTS EDUCATION IN THEIR COMMUNITIES GRANT-SEEKERS WORKSHOPS WERE HELD A STATEWIDE POETRY RECITATION CONTEST FOR HIGH SCHOOL STUDENTS WAS HELD, SENDING THE STATE FINALS WINNER TO THE NATIONAL COMPETITION OVER 5,000 STUDENTS PARTICIPATED IN THE PROGRAM STATEWIDE OUTREACH TO RURAL, UNDERSERVED SCHOOL CONTINUED TRAINING SESSIONS FOR HEAD START TEACHING ARTISTS WERE HELD A COLLABORATION WITH VSA ARTS RESULTED IN TRAINING IN ARTS EDUCATION INTEGRATION FOR TEACHING ARTISTS CULTIVATION OF WORKING RELATIONSHIPS WITH PARTNERS INCREASED

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313024125

JOMP No. 1545 004

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** VERMONT COUNCIL ON THE ARTS INC. 03-0218115 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,622,474 1,565,871 1,794,339 1,722,862 1,635,393 8,340,939 include any "unusual grants ") 7 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 1,622,474 1,565,871 1,794,339 1,722,862 1,635,393 8,340,939 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 shown on line 11, column **Public support.** Subtract line 5 from 8,340,939 line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 (e) 2014 beginning in) 🟲 1,565,871 1,622,474 1,794,339 1,722,862 1,635,393 8,340,939 Amounts from line 4 Gross income from interest, dividends, payments received on 18,069 25,458 21,753 34,499 99,779 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 8,440,718 10 Gross receipts from related activities, etc (see instructions) 12 12 239,294 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) 13 ... Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 98 820 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 99 000 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. 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 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493313024125

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** VERMONT COUNCIL ON THE ARTS INC 03-0218115 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description vity.	of the lobbying	•	a) 		(b)	
D bb d.d.bb - £1 bb b fl £ bb fl £		Yes	No	A	mour	nt
During the year, did the filing organization attempt to influence foreign, national, st legislation, including any attempt to influence public opinion on a legislative matte through the use of						
Volunteers?		Yes				
Paid staff or management (include compensation in expenses reported on lines 1c	through 11)?	Yes		1		
Media advertisements?			No			0
Mailings to members, legislators, or the public?		Yes				289
Publications, or published or broadcast statements?		Yes				2,427
Grants to other organizations for lobbying purposes?			No			0
Direct contact with legislators, their staffs, government officials, or a legislative be	ody?	Yes			1	11,590
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any simila	r means?		No			0
O ther activities?	Ī	Yes				2,653
Total Add lines 1c through 1:	Ī				1	16,959
Did the activities in line 1 cause the organization to be not described in section 50)1(c)(3)?		No			
If "Yes," enter the amount of any tax incurred under section 4912				1		
	tion 4912					
			I			
		01(c)(5). c	r se	ectio	<u>n</u>
501(c)(6).			7(-7)			
			_		Yes	No
			<u> </u>			
			-			
	<u> </u>					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and						
		1				
·	amounts of political	-				
	anounts of political					
		2a				
, ,		2b				
Total		2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible sec	tion 162(e) dues	3				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what	portion of the excess					
·		$\overline{}$				
		5				
art IV Supplemental Information						
		p list),	Part II	-A, lı	nes 1	and
Return Reference Explanation						
CONSTITUENTS WITH STATE LEGISLATORS COUNCIL FUNDING AND CULTURAL FACILIT TO CONTACT THEIR STATE LEGISLATORS O	REGARDING STATE LI IES CONSTITUENTS N THESE ISSUES STA THEM FOR THEIR SUF	GISLA WERE FF CO	ATIVE I ALSO E NTACT	NCO ED T	URA (GED T
ri ro (s	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative by Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar Other activities? Total Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 50 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under sec If the filing organization incurred a section 4912 tax, did it file Form 4720 for this 111-A Complete if the organization is exempt under section 50 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the section 50 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible sec If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductible sec If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductible sec If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductible sec If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of n	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Did the organization incurred a section 4912 tax, did it file Form 4720 for this year? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Diffically a sanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Return Reference Explanation LOBBYING ACTIVITIES MAINLY RELATED TO DIRECT CONTACT B CONTACT HEIR SUAL ELGISLATORS REGARDING STATE LEGISLATORS REGARDING STATE LEGISLATORS REGARDING STATE LEGISLATORS REGARDING STATE LEGISLATORS ON THESS ESSUES STA	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Againse, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Noo" (ine 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Affinitional amounts from the reasonable estimate of nondeductible lobbying and political expenditure next year? If notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Supplemental Information Were substantially all (10 or part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Total Add lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Supplemental Information Wide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II available amount of lobbying and political expenditures (see instructions), and Part li-B, line 1 Also, complete this part for any additional information Return Reference Explanation Figure 1: A p	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Yes Total Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filling organization incurred as section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? EIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? A Supplemental Information We be the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line instructions), and Part II-B, line	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Crants to other organizations for lobbying purposes? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1 c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-B, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nonedeuctible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure set year? Taxable amount

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313024125

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization			Emp	loyer identific	cation numbe	er		
VERMONT COUNCIL ON THE ARTS INC					03-0218115				
3	rt I Organizations Maintaining Donor Adorganization answered "Yes" to Form 990	vised Funds or C	ther Similar F			s. Comple	te if the		
		(a) Donor ac	lvised funds		(b) Funds and	d other accou	ınts		
	Total number at end of year								
	Aggregate value of contributions to (during year)								
	Aggregate value of grants from (during year)								
	Aggregate value at end of year								
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or			or advi	sed	┌ Yes	┌ No		
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?					┌ Yes	┌ No		
i	t II Conservation Easements. Complete if	the organization a	nswered "Yes" t	o Forn	n 990, Part I	IV, line 7.			
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)	Preservation of an Preservation of a o	certifie	d historic stru	icture			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservati	on contribution in t	he forn	T				
	-				Held at th	e End of the	Year		
	Total number of conservation easements			2a					
	Total acreage restricted by conservation easements			2b					
	Number of conservation easements on a certified history	oric structure include	d ın (a)	2c					
	Number of conservation easements included in (c) accommissions structure listed in the National Register	quired after 8/17/06,	and not on a	2d					
	Number of conservation easements modified, transfer	red, released, extingi	ııshed, or termınate	ed by th	ne organizatio	n durıng			
	the tax year 🛌								
	Number of states where property subject to conservat	ion eacement is loca	ted 🕦						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?				violations, ar	nd Yes	┌ No		
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing	conservation easer	nents c	luring the yea	r			
	A mount of expenses incurred in monitoring, inspecting • \$	g, and enforcing cons	ervation easements	s durin	g the year				
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the r	equirements of sec	tion 17	70(h)(4)(B)(ı)	☐ Yes	┌ No		
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the orga		•		•			
1	Complete if the organization answered "Y			or Ot	her Similar	Assets.			
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote is	ets held for public ext	nibition, education,	or rese	arch in furthe				
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public ext					ıc		
	(i) Revenue included in Form 990, Part VIII, line 1				► \$				
	(ii) Assets included in Form 990, Part X				- \$				
	If the organization received or held works of art, histor following amounts required to be reported under SFAS	•							
	Revenue included in Form 990, Part VIII, line 1				► \$				
	Assets included in Form 990, Part X				► \$				

Par	t III Organizations Maintaining Co	llections of Art	t, His	storica	<u>ıl Tr</u>	<u>easur</u>	es, or C	ther	<u>' Similar As</u>	<u>sets (</u>	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck an	y of th	ne follo	wing that	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γι	oan o	rexch	ange prog	rams			
b	Scholarly research		е	Γ	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın ho	w they f	urthe	r the or	ganızatıor	ı's ex	empt purpose ı	n	
5	During the year, did the organization solicit o										
	assets to be sold to raise funds rather than t									Yes	☐ No
Рa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	u re	es to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets n		Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing tab	le		_				
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21,	foresc	row or	custo	dıal accou	nt Iıal	bility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expl	lanation	has b	een pr	ovided in I	Part X	(111		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b))Prior yea	_	b (c) Tw		+		(e)Four	years back
1a	Beginning of year balance	184,298		1/	0,930		153,366	+	156,089		117,087
Ь	Contributions						500	7	1,500		21,840
С	Net investment earnings, gains, and losses	6,699		1	3,368		17,064	1	-4,223		17,162
d	Grants or scholarships	2,200									
е	Other expenditures for facilities and programs	5,200									
f	Administrative expenses										
g	End of year balance	183,597		18	4,298		170,930)	153,366		156,089
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g, c	olumr	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 72 500 %										
C	Temporarily restricted endowment > 27 S The percentages in lines 2a, 2b, and 2c sho	500 % uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that are	held	and ac	dministere	d for t	the		
	organization by									Ye	
	(i) unrelated organizations(ii) related organizations			• • •	•			•	3a(No
b	If "Yes" to 3a(ii), are the related organization							٠	3t		1
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·				•	•	-			
Pa	rt VI Land, Buildings, and Equipme		the o	rganız	atıon	answ	ered 'Yes	' to I	Form 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line	10.		(-)	~ t		(h)C==h ==	- +	(-)	<u> </u>	Deels velve
ī	Description of property					other tment)	(b) Cost or basıs (otl		(c) Accumulate depreciation	a (a)	Book value
1a	Land										
b	Buildings										
c	Leasehold improvements										
	Equipment		•				14	9,637	135,3	318	14,319
	Other			umn (R)	line 1	10(c))			<u> </u>	+	14,319
			.,	(<i>D)</i> ,	1	(- / - /		- '	Schedule D	(Form	
											~~~, <u>~</u> V_T

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	Complete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ACCRUED VACATION	36,891	
	30,002	
		1
		1
	+	1
Total (Column (h) must equal Form 000, Part V and (h) line 25.)		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	36,891	<u> </u>

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	<b>Leturn</b> Complete If
1	Total revenue, gains, and other support per audited financial statements	1	1,791,193
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	63,075
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,728,118
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)..............4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,728,118
Part	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	1,943,797
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	63,075
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,880,722
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............. 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	1,880,722
Par	Supplemental Information		
Part	tide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 $V$ , line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional
	Return Reference Explanation		

Jenedale 2 (1 31111 33 3) 23 13		r age S			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493313024125

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name of the organization VERMONT COUNCIL ON THE ARTS INC Employer identification number

03-0218115

Part T	General Information on Grants and Assistance	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

✓ Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . .

37

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ART IN STATE BUILDINGS GRANTS	4	46,500			
(2) ARTS PROJECTS GRANTS	11	33,000			
(3) PROFESSIONAL DEVELOPMENT GRANTS	44	22,590			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
	APPLICANTS APPLY IN A STRUCTURED PROCESS, PROVIDING A NARRATIVE, BUDGET AND SUPPORTING MATERIALS ADDRESSING THE REQUIREMENTS OF THE GRANT PROGRAMS A PEER PANEL REVIEWS THE APPLICATIONS AND MAKES FUNDING RECOMMENDATIONS THAT MUST BE APPROVED BY THE BOARD FOR LARGER GRANTS, AND BY THE EXECUTIVE DIRECTOR FOR SMALLER GRANTS GRANTEES MUST SIGN A CONTRACT BEFORE RECEIVING ANY FUNDS A FINAL REPORT (NARRATIVE, DATA AND FINANCIAL REPORT,) IS REQUIRED BEFORE RECEIVING THE BALANCE OF GRANT FUNDS STAFF REVIEWS THE REPORTS TO MONITOR USE OF FUNDS FOR THE INTENDED PURPOSE STAFF ALSO MAKES SELECTED VISITS TO SEE THE WORK BEING DONE BY GRANTEES							

Schedule I (Form 990) 2014

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 03-0218115

Name: VERMONT COUNCIL ON THE ARTS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRATTLEBORO MUSEUM AND ART CENTER INC10 VERNON STREET BRATTLEBORO, VT 05301	03-6016116	501(C)(3)	9,850				OPERATING & HEAD START

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BURLINGTON CITY ARTS 135 CHURCH STREET BURLINGTON,VT 05401	03-0354963	501(C)(3)	24,505				OPERATING & HEAD START				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
BURLINGTON SCHOOL DISTRICT150 COLCHESTER AVE BURLINGTON,VT 05401	03-6000410		5,000				ARTS EDUCATION					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CATAMOUNT FILM AND ARTS115 EASTERN AVENUE SAINT JOHNSBURY,VT 05819	03-0276780	501(C)(3)	11,600				OPERATING, CULTURAL FACILITIES & HEAD START				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHANDLER CENTER FOR THE ARTS INC71-73 MAIN STREET RANDOLPH,VT 05060	03-0266500	501(C)(3)	6,250				OPERATING & TECHNICAL ASSISTANCE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CIRCUS BARN INC1 CIRCUS ROAD GREENSBORO,VT 05841	23-7352665	501(C)(3)	6,250				OPERATING GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FLYNN CENTER FOR THE PERFORMING ARTS153 MAIN STREET BURLINGTON, VT 05401	03-0277052	501(C)(3)	7,000				OPERATING GRANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GOVERNOR'S INSTITUTES OF VERMONT4049 WILLISTON ROAD STE 4 SOUTH BURLINGTON,VT 05403	03-0308967	501(C)(3)	10,500				ARTS EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE IN-SIGHT PHOTOGRAPHY PROJECT 45 FLAT STREET SUITE 1 BRATTLEBORO,VT 05301	03-0338482	501(C)(3)	6,250				OPERATING 7 TECHNICAL ASSISTANCE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ENGLAND FOUNDATION FOR THE ARTS145 TREMONT STREET 7TH FLOOR BOSTON,MA 02211	04-2593591	501(C)(3)	16,000				TOURING SUPPORT FOR VT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ENGLAND YOUTH THEATRE100 FLAT STREET BRATTLEBORO,VT 05301		501(C)(3)	13,750				OPERATING & TECHNICAL ASSISTANCE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARAMOUNT CENTER INC 30 CENTER STREET RUTLAND,VT 05701	22-2528303	501(C)(3)	5,250				OPERATING & CULTURAL FACILITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RIVER ARTS OF MORRISVILLE INC74 PLEASANT STREET MORRISVILLE,VT 05661	03-0368569	501(C)(3)	7,559				OPERATING & HEAD START		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROCKINGHAM ARTS AND MUSEUM PROJECT (RAMP) 7 CANAL STREET 115 BELLOWS FALLS,VT 05101	03-0368205	501(C)(3)	5,250				OPERATING GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VERMONT ARTS EXCHANGE29 SAGE STREET NORTH BENNINGTON, VT 05257	03-0343015	501(C)(3)	9,850				OPERATING & HEAD START			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
VERMONT STUDIO CENTER INC80 PEARL STREER JOHNSON,VT 05656	22-2478074	501(C)(3)	16,250				OPERATING GRANT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
VSA VERMONT INC21 CARMICHAEL STREET SUITE 206 ESSEX JUNCTION,VT 05404	03-0307529	501(C)(3)	8,500				OPERATING GRANT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WESTON PLAYHOUSE THEATRE COMPANY703 MAIN STREET WESTON,VT 05161	22-2970343	501(C)(3)	6,250				OPERATING & TECHNICAL ASSISTANCE				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BARRE OPERA HOUSE INC 6 NO MAIN STREET 4 BARRE,VT 05641	03-0270440	501(C)(3)	22,759				CULTURAL FACILITIES, HEAD START ARTS, OPERATING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAMBRIDGE ARTS COUNCILPO BOX 153 CAMBRIDGE,VT 05464	04-3345330	501(C)(3)	15,000				INFRASTRUCTURE PROJECT		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DORSET PLAYERS INC104 CHENEY ROAD DORSET,VT 05251	51-0166758	501(C)(3)	12,950				CULTURAL FACILITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRIENDS OF THE BRATTLEBORO MUSIC CENTER38 WALNUT STREET BRATTLEBORO,VT 05301	03-6009983	501(C)(3)	7,500				OPERATING, PROJECT (FISCAL AGENT)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE CAPITAL CITY GRANGE HALL1988 COUNTY ROAD MONTPELIER,VT 05602	04-3031125	501(C)(3)	25,265				CULTURAL FACILITIES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRIENDS OF THE ENOSBURG OPERA HOUSE 123 DEPOT STREET ENOSBURG FALLS, VT 05450	03-0353647	501(C)(3)	7,636				CULTURAL FACILITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GRASS ROOTS ART & COMMUNITY EFFORT59 MILL STREET HARDWICK,VT 05843	22-3133388	501(C)(3)	5,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GUILFORD PERFORMANCE LAB INC561 FITCH ROAD BRATTLEBORO,VT 05301	45-2398900	501(C)(3)	6,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HELEN DAY ART CENTER INC90 PEARL STREET STOWE,VT 05672	03-0284825	501(C)(3)	20,250				O PERATING, INFRA STRUCTURE PRO JECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LPCTV CORP43 MAIN STREET LUDLOW,VT 05149	03-0370616	501(C)(3)	13,750				CULTURAL FACILITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONTPELIER PUBLIC SCHOOLS1 PARK AVENUE MONTPELIER,VT 05602	03-6000578	501(C)(3)	5,000				ARTS EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEW ENGLAND CENTER FOR CIRCUS ARTS76 COTTON MILL HILL 300 BRATTLEBORO,VT 05301	26-0495118	501(C)(3)	7,000				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OPERA NORTH20W PARK STREET LEBANON,NH 03766	22-2519789	501(C)(3)	6,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE VERMONT JAZZ CENTER72 COTTON MILL HILL BRATTLEBORO,VT 05301	03-0308485	501(C)(3)	6,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
POULTNEY HISTORICAL SOCIETYPO BOX 605 EAST POULTNEY,VT 05741	23-7044602	501(C)(3)	14,480				INFRASTRUCTURE PRO JECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWN HALL THEATER INC 68 SO PLEASANT STREET MIDDLEBURY,VT 05753	03-0358794		6,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWN OF FAIRLEE75 TOWN COMMON ROAD FAIRLEE,VT 05045	03-6000474		30,000				CULTURAL FACILITIES		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWN OF MORRISTOWNPO BOX 748 MORRISVILLE,VT 05661	03-6000584		14,450				INFRASTRUCTURE PRO JECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWN OF WARDSBORO71 MAIN STREET WARDSBORO,VT 05355	03-0219852		5,664				CULTURAL FACILITIES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWN OF WATERBURY51S MAIN STREET WATERBURY,VT 05676	03-6000739		30,000				CULTURAL FACILITIES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VERMONT INTERNATIONAL FILM FOUNDATION230 COLLEGE STREET BURLINGTON,VT 05402	22-2533747	501(C)(3)	5,250				OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT STAGE COMPANY110 MAIN STREET BURLINGTON,VT 05401	03-0342411	501(C)(3)	5,250				OPERATING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT SYMPHONY ORCHESTRA INC2 CHURCH STREET SUITE 3B BURLINGTON,VT 05401	03-0222134	501(C)(3)	5,800				OPERATING, TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT YOUTH ORCHESTRA ASSOCIATION223 ETHAN ALLEN AVE COLCHESTER,VT 05446	03-6011271	501(C)(3)	7,000				OPERATING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELLOW BARN INC63 MAIN STREET PUTNEY,VT 05346	03-0228985	501(C)(3)	6,250				OPERATING

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313024125

OMB No 1545-0047

2014

Open to Public Inspection

## SCHEDULE O (Form 990 or 990-EZ)

Return Reference

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
VERMONT COUNCIL ON THE ARTS INC	
	03-0218115

**Explanation** 

## 990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT 18 OF THE COUNCIL'S 19 BOARD MEMBERS THE GOVERNOR APPOINTS ONE BOARD MEMBER
FORM 990, PART VI, SECTION A, LINE 7B	ALL MAJOR DECISIONS MADE BY VERMONT ARTS COUNCIL ARE VOTED ON BY THE BOARD CHANGES TO THE BYLAWS MAY BE RECOMMENDED BY THE BOARD BUT ARE SUBJECT TO APPROVAL BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT IS PROVIDED TO ALL TRUSTEES FOR REVIEW PRIOR TO THE FILING OF THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE FORM AT LEAST ANNUALLY THE FORMS ARE REVIEWED BY THE EXECUTIVE COMMITTEE. BOARD MEMBERS ARE ASKED TO DISCLOSE POSSIBLE CONFLICTS OF INTEREST BEFORE DECISIONS SUCH AS GRANT APPROV AL ARE MADE
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR INVOLVES ANNUALLY COLLECTING COMPARABL E SALARY DATA FOR THE EXECUTIVE COMMITTEE TO USE IN SETTING THE SALARY THE EXECUTIVE COMM ITTEE IS CHARGED WITH THE ANNUAL PERFORMANCE REVIEW AS WELL AS SALARY REVIEW AND SETTINGS ALL SALARY DECISIONS ARE KEPT ON FILE
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVA ILABLE TO THE PUBLIC UPON REQUEST A FINANCIAL SUMMARY IS INCLUDED IN THE ANNUAL REPORT WH ICH IS AVAILABLE ON THE COUNCIL'S WEBSITE AND IN PRINT SOME ANNUAL REPORTS ARE MAILED TO MEMBERS AND OTHERS FORMS 990'S ARE ALSO AVAILABLE ONLINE IN ANOTHER ORGANIZATIONS WEBSITE
FORM 990, PART VII, LINES 21- 22,	SALARIES INCLUDES TAXABLE STIPENDS FOR HEALTH INSURANCE AND DATA PLANS
FORM 990, PART IX, LINE 11G,	CONTRACTUAL SERVICES \$62,734, ART EXHIBIT STIPENDS \$900, ADVISORY COMMITTEE STIPENDS \$210, WEBSITE ACCESSIBILITY TESTING STIPENDS \$250