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 black lung benefit trust or private foundation)
➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1645-0047

Open to Public Inspection

, 2011, and ending For the 2011 calendar year, or tax year beginning 7/01 D Employer Identification Number Check if applicable: 03-0223731 VERMONT NATURAL RESOURCES COUNCIL, INC. Address change E Telephone number 9 BAILEY AVENUE Name change MONTPELIER, VT 05602 802-223-2328 Initial return Terminated ,432,092 G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes Nο BRIAN SHUPE F Name and address of principal officer: Application pending H(b) Are all affiliales included? Νo Yes 9 BAILEY AVE MONTPELIER, VT 05602 if 'No,' attach a list. (see Instructions) 4947(a)(1) or) ◄ (insert no.) X 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemplion number WWW. VNRC. ORG Website: ► M State of legal domicile: VT L Year of Formation: 1963 Other F Form of organization: X Corporation Trust_ Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE PRESERVATION, CONSERVATION AND WISE USE OF NATURAL RESOURCES IN THE STATE OF VERMONT TO THE LONG-TERM BENEFIT OF THE CITIZENS AND ENVIRONMENT OF THE STATE. TO EDUCATE THE GENERAL PUBLIC IN REGARD TO THE INTERRELATIONSHIP OF OUR SOILS, WATERS, PLANTS AND Check this box ► ____ if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b). 14 త 10 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 6 129. 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 492. b Net unrelated business taxable income from Form 990-T, line 34..... **Current Year Prior Year** 691,913. 1,045,341. Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g) 61,634. 60,122 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 16,170. 20,091 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 1,123,145.772,126 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 618,672. 593,777 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)...... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 268,461. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 266,637. 860,414. 887,133. -88.288. 236,012. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 2,291,684. 2,011,061. 108,685. 57,071. Total liabilities (Part X, line 26).....

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign FINANCE MANAGER Here STEPHANIE MUELLER Type or print name and title. Dale Print/Type preparer's name P00202328 self-employed mde Medas LINDA MACLAY, CPA Paid ► FOTHERGILL SECALE & VALLEY, CPAS Preparer Firm's EIN > 03-0300841 Firm's address > 143 BARRE STREET Use Only (802) 223-6261 MONTPELIER, VT 05602 X Yes May the IRS discuss this return with the preparer shown above? (see instructions).....

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part II | Signature Block

Net assets or fund balances, Subtract line 21 from line 20

TEEA0113L 08/18/11

1,953,990.

Form 990 (2011)

2,182,999.

Form 990 (2017) VERMONT NATURAL RESOURCES COUNCIL, INC.	03-0223731	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III	***********	:, X
OFF CONTROL OF C		
	~~	
2 Did the organization undertake any significant program services during the year which were not listed	on the prior	
Form 990 or 990-EZ?	Yes	X No
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 s	ervices? Yes	X No
If 'Yes,' describe these changes on Schedule O.	1	
4 Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported.	rvices, as measured by exp mount of grants and allocal	enses. lions to
MMMM.		
4a (Code:) (Expenses \$ 720,863. including grants of \$)	(Revenue \$)
TOTAL PROGRAM EXPENSES		
~		
		··
~	·~	
	·	
	·	
4b (Code:) (Expenses \$ including grants of \$) EDUCATION & PUBLICATIONS: VNRC PUBLISHES A 30+ PAGE ENVIRONMENTAL A YEAR, AN ANNUAL REPORT, AND AN ENVIRONMENTAL BULLETIN TWICE A	YEAR.	ONCE
4c (Code:) (Expenses \$	HO WORKS ACROSS T 1. MAINTAIN A INFOM PEOPLE 3. DPLE TOGETHER TO	HE
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses \$ 720, 863)	

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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	Х	
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? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8		8		Х
9	Did the organization report an amount in Part X, Ilne 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
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 V	10	Х	
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.			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	Х	
1	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.	71b		Х
•	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	11 c		Х
	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		X
	Did the organization report an amount for other flabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ.
	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		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	_х	 ~
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	,12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
h	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Paris III and IV	16		χ.
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? If "Yes," complete Schedule G, Part I (see Instructions)	17		· . Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	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		X
	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	If 'Yes' to line 20a, dld the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II..... X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 22 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? If 'Yes,' complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.......... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds?.... 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1..... 25 a Х 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 Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. X 26 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? If 'Yes,' complete Schedule L, Part III..... X 27 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV...... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L. Part IV..... 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M...... X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I...... Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1..... X 35 a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... b 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..... X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... Χ 36 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 X 37

BAA

Part V. Statements Regarding Other IRS Filings and Tax Compliance	,	
Check if Schedule O contains a response to any question in this Part V		,
		Yes No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?	and reportable gaming	3c X
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	2a 10	
b if at least one is reported on line 2a, did the organization file all required federal employment to	ax returns?	2b X
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instr	ructions)	
3a DId the organization have unrelated business gross income of \$1,000 or more during the year?	, , , , , , , , , , , , , , , , , ,	3a X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b X
4a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other final	other authority over, a ncial account)?	4a X
b If 'Yes,' enter the name of the foreign country: ▶		
See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final	ancial Accounts.	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear?	5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?		6a X
b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	tributions or gifts were	6b
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and par services provided to the payor?	tly for goods and	7a X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	th it was required to file	
Form 8282?		7c X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contract?	7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	it contract?	7f X
g If the organization received a contribution of qualified intellectual property, did the organization as required?	i file Form 8899	7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	A& &YCE22 DOSITIOSS	8
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9a
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b
10 Section 501(c)(7) organizations. Enter:	n na	
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь	
11 Section 501(c)(12) organizations, Enter:		
a Gross income from members or shareholders	11a	
h Gross income from other sources (Do not net amounts due or paid to other sources	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a is the organization licensed to issue qualified health plans in more than one state?	, , , , , , , , , , , , , , , , , , ,	13a
Note. See the instructions for additional information the organization must report on Schedule	0.	
Hute, see the manufacture for additional information in organization has the states in		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
r. Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Se	chedule O	14b
BAA TEEA0105L 07/05/11		Form 990 (2011)

Form 990 (2017) VERMONT NATURAL RESOURCES COUNCIL, INC. Ran VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check if Schedule O contains a response to any question in this Part VI..... X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ... 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. 14 **b** Enter the number of voting members included in line 1a, above, who are independent... 1ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 X 6 Did the organization have members or stockholders?..... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body?..... X 8b b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Dld the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done..... X 13 X Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official... SEE .SCHEDULE . Q ... 15a X b Other officers of key employees of the organization... SEE, SCHEDULE, O...... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 16Ł Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRIAN SHUPE 9 BAILEY AVENUE MONTPELIER VT 05602 802-223-2328

orm 990 (2	2011) i	VERMONT	NATURAL	RESOURCES	COUNCIL	, INC.		03-0223	731	Pa	ge
Part VII	Comp	ensation	of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated	Emp	loyees, a	and
			ontractors								

Check if Schedule O contains a response to any question in this Part VII.....

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, and 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	n nor any	related	orç	jani:	zatio	n con	nper	sated any current offi	cer, director, or truste	е,
(A) Name and title	(B) Average hours per week	(do no unles	t cher s per	Pos ck me son i	tion ore the both	an one 1 an offi ustee)	,	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PEREZ EHRICH]									
VICE CHAIR	1	X		X				0.	0.	0.
(2) PETE LAND	_								·	
DIRECTOR	1	X					,	0.	0.	0.
(3) GERALD TARRANT									Į	
DIRECTOR	1	X						0.	0.	0.
(4) ERIC ZENCEY	1									
DIRECTOR	11	X						0.	0.	0.
(5) KINNY PEROT		1								
CHAIR	1	X		X	<u> </u>			0.	0.	0.
(6) GREG STRONG	_									
DIRECTOR	1	X						0.	0.	0.
(7) VIRGINIA FARLEY	_					·		·		
DIRECTOR	1	X						0.	0.	0.
(8) ELIZABETH SKARIE	_									
DIRECTOR	1	X			<u> </u>			0.	0.	0.
(9) JUDY GEER	_									
DIRECTOR	1	X		<u> </u>		L		0.	0.	0.
(10) MEGAN CAMP										
SECRETARY	1	X		X			<u> </u>	0.	0.	0.
(11) DON HOOPER										
DIRECTOR	1	X		L_				0.	0.	0.
(12) SUSAN ATWOOD-STONE										
TREASURER	1	Х		X				0.	0.	0.
(13) ELIZABETH HUMSTONE										
DIRECTOR	1	X			_			0.	0.	0.
(14) WILLIAM ROPER										
DIRECTOR	1	X	<u> </u>		<u>L</u>	<u></u>	<u> </u>	0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees,	Key	En	npl	oye	es,	an	d Highest Cor	npensated Em	ployees (cont)
					C) ítion			m	ares.	450
(A) Name end title	(B) Ayerage hours	do box, offic	not ch unles er an	heck sspe dad	more rson irecto	than is bot or/trus	one h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		9 70	วร	g	ğ	日産	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	hours	vidual lirector	tution	g	empl	iest co	mer			and related organizations
	related organi-	preste	al trus		oyee	mpen				
	per week (describ e hours for related organi- zations in Sch O)	Ď	tee.			sated				
(15) STEPHANIE MUELLER										
FINANCE MANAGER	24			Х	<u> </u>			35,898.	0.	5,040.
(16) BRIAN SHUPE EXECUTIVE DIR.	40			Х				65,148.	0.	0.
(17)										
(18)	<u> </u>			,24	<u> </u>		ļ. ·	÷.		
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(19)										
(29)										
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(24)										
(25)	***************************************								7	
1b Sub-total		L					-	101,046.	0	5,040.
c Total from continuation sheets to Part VII, Section A								0.	0	
d Total (add lines 1b and 1c)	to tho	se li:	sted	abo	ve)	who	rec	101,046. eived more than \$	<u> </u>	
from the organization > 0										
3 Did the organization list any former officer, director	or trust	tee, l	key	emp	oloye	e, o	r hig	ghest compensate	d employee	Yes No
on line 1a? If 'Yes,' complète Schedule J for such it	ndividua	a)	• • • •		• • •	• • • •	••••			3 X
4 For any Individual listed on line 1a, is the sum of re the organization and related organizations greater to such Individual.	portable han \$1	e cor 30,0€	nper 10? <i>I</i>	nsat If 'Y	ion es (ana comp	ome olete	r compensation to Schedule J for	O(T)	4 X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' or	ompen:	satio	n fro	m a	iny t	unre	lated	d organization or i	ndividual	
Section B. Independent Contractors										
 Complete this table for your five highest compensate compensation from the organization. Report compe 	ed inde nsation	for t	dent ine c	cor	ntrac ndar	tors yea	that ir en	received more the ding with or within	an \$100,000 of the organization's	s tax year.
(A) Name and business addres	şs							(B Description) of services	(C) Compensation
	.—									
								•		
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		limi	ted i	to th	ose	liste	ed at	bove) who receive	d more than	200

Pa	t VIII Statement of Revenue	divineed.	1 · · · · · · · · · · · · · · · · · · ·		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ري	1a Federated campaigns 1a				
PAN	b Membership dues	500.			
85	c Fundraising events				
E S	d Related organizations 1d				
S, E	e Government grants (contributions) 1 e				
N S	f All ather contributions nifte grants and				
돌범	f All other contributions, gifts, grants, and similar amounts not included above 1f 962, .				
E O	g Noncash contributions included in lns ta-lf: \$ 106,				
용적	h Total. Add lines 1a-1f	▶ 1,045,341.			
N N	Business Co	de			
E	2a				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	, b				
Š	<u> </u>				
SE	d				
3	All other program service revenue			··	
Š.	g Total. Add lines 2a-2f				
-					
	3 Investment income (including dividends, interest and other similar amounts)				41,351.
1	4 Income from investment of tax-exempt bond proceed	ds. ►			
	5 Royalties				
	(i) Real (ii) Perso	nal			
	6a Gross rents				
	b Less; rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory. 329, 230.				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	► 20,283.	20,283.	***************************************	
UE	8a Gross income from fundraising events (not including. \$				
JTHER REVENUE	of contributions reported on line 1c).				
8	See Part IV, Ilne 18 a				
풀	b Less; direct expenses, b				
U	c Net income or (loss) from fundraising events	►			
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less; direct expenses b				
	c Net income or (loss) from gaming activities	<u> </u>			
	10 a Gross sales of inventory, less returns				0.000
	and allowances				
	c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Co				
,	11a OTHER REVENUE	14,041.	14,041.		
	b ADVERTISING	2,129.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,129.	
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		04.00:	0.100	44 054
	12 Total revenue, See instructions	► 1,123,145.	34,324.	2,129.	41,351.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a re	sponse to any question (A)	in this Part IX	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	j			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16,				100 000 000 000 000 000 000 000 000 000
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106 006	60, 460	14 564	
6 Compensation not included above, to	106,086.	62,463.	11,001.	32,622
disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0
7 Other salaries and wages	468,573.	403,509.	38,794.	26,270
Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				10/2/0
9 Other employee benefits				
10 Payroll taxes	44,013.	35,599.	3,994.	4,420
11 Fees for services (non-employees):				
a Management				
b Legal	50,744.	41,607.	867.	8,270
c Accounting	18,079.	14,693.	1,457.	1,929
d Lobbying			30000000000000000000000000000000000000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,985.	14,985.		
g Other	4 200			
13 Office expenses	1,322. 9,421.	1,322.	1 262	4 050
14 Information technology,	3,441.	6,909.	1,262.	1,250
15 Royalties.			-	***
16 Occupancy.	10,225.	7,285.	1,506.	1 121
17 Travel	3,841.	3,272.	476.	1,434
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	, , , ,	0,272.	470.	
19 Conferences, conventions, and meetings				·····
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,224.	21,254.	2,150.	2,820.
23 Insurance	13,287.	11,536.	1,312.	439.
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.)				1000 1000 1000
a GRANTS AWARDED	28,575.	28,575.		
b PRINTING AND PUBLICATIONS	15,777.	9,908.	351.	5,518.
c MISCELLANEOUS/MEETINGS	12,210.	9,617.	1,595.	998.
d SUBSCRIPTIONS/PUBLIC.	9,699.	8,878.	821.	
e All other expenses	54,072.	39,451.	6,532.	8,089.
25 Total functional expenses. Add lines 1 through 24e	887,133.	720,863.	72,118.	94,152.
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)				
OO: 30.5 (NOC 300-720)				· · · · · · · · · · · · · · · · · · ·

Total llabilities. Add lines 17 through 25.

Unrestricted net assets.....

Temporarily restricted net assets.....

Permanently restricted net assets

Capital stock or trust principal, or current funds.....

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds......

Total net assets or fund balances.....

Organizations that do not follow SFAS 117, check here > | and complete

Organizations that follow SFAS 117, check here ➤

27 through 29 and lines 33 and 34,

lines 30 through 34,

VERMONT NATURAL RESOURCES COUNCIL, INC. 03-0223731 Page 11 Part X Balance Sheet (A) Beginning of year (B) End of year 1 Cash — non-interest-bearing..... 1 47,922. 2 Savings and temporary cash investments 232,061 2 308,104. 3 Pledges and grants receivable, net 100,500. 3 102,407. 4 Accounts receivable, net 3,263 4 9.594. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L........ 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges 5,140 9 28,844. 10 a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D..... 10 a 608,724 b Less; accumulated depreciation...... 10b 298,923. 326,065. 10 c 309,801. 1,343,999 11 1,485,012. Investments - other securities, See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11..... 33 15 16 Total assets. Add lines 1 through 15 (must equal line 34)...... 2,011,061 16 2,291,684. Accounts payable and accrued expenses..... 57,071. 17 108,685.Grants payable..... 18 19 Deferred revenue..... 19 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability, Complete Part IV of Schedule D..... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.... 22 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . .

X and complete lines

34 BAA

31

32

Ř

2,291,684. Form 990 (2011)

2,182,999.

108,685

1,599,566.

583,433.

25

26

27

28

29

30

31

32

33

34

57,071

1,320,201.

1,953,990

2,011,061.

633,789

orm 990 (2011) VERMONT NATURAL RESOURCES COUNCIL, INC. 03-6	223731		Paç	je 12
Part X Reconciliation of Net Assets				C = 1
Check if Schedule O contains a response to any question in this Part XI		<u> </u>		X
1 Total revenue (must equal Part VIII, column (A), line 12)		1,12		
2 Total expenses (must equal Part IX, column (A), line 25)	2		7,13	
3 Revenue less expenses, Subtract line 2 from line 1	3		6,0	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		<u>1,95</u>		
5 Other changes in net assets or fund balances (explain in Schedule O) SEE . SCHEDULE . O	5		7,0	<u>03.</u>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,18	2, 9	99.
Part XII Financial Statements and Reporting				C-44
Check if Schedule O contains a response to any question in this Part XII				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				v
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?		2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2с		Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both:	dona			
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	За		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BAA		Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Marrie of	the organization							Employer i	dentificatio	n number
	ONT NATURAL RES	OURCES COUNCT	T. INC.					03-02	23731	
VERM	Reason for Publ	ic Charity Status	(All organizations	must o	omple	te this	part.)	See i	nstruct	ions.
The	ganization is not a privat	e foundation because	it is: (For lines 1 through	h 11. ch	eck only	one bo	x.)	-		
. (garrization is not a privat	of churches or assoc	iation of churches descr	ribed in s	ection 1	70(b)(1)	χΑχi).			
1	A critical, convention	castion 170/hV1VAV	ii). (Attach Schedule E.)	• •					
2	A school described in	section typical conject	organization described	v Lin secti	on 170/b	Y1YAY	iii).			
3	A nospital or a coope	rative nospital service	in conjunction with a ho	enital de	scribed	in sectio	n 170/k	y1YAYi	ii). Ente	r the hospital's
4			in conjunction was a no	apital uo	BULIDOG	11120011		.)(·)(·)(·)		
5 [— 170/bY1YAYiv), (Cor	ated for the benefit of inplete Part II.)	a college or university					mental u	nit descr	ibed in section
6 7	X An organization that in section 170(b)(1)(A	normally receives a si)(vi). (Complete Parl	vernmental unit describ ubstantial part of its sup : II.)	port fron	a gove	ernment	al unit o	r from t	ne gener	al public described
8	A sommunity trust de	scribed in section 17	MbY1YAYvi), (Complete	Part II.)	•	3.27				
9	An organization that from activities related investment income allune 30, 1975, See s	normally receives: (1) i to its exempt function ad unrelated business ection 509(a)(2), (Con	more than 33-1/3% of ins — subject to certain taxable income (less supplete Part III.)	its suppo exception ection 51	rt from ones, and 1 tax) fi	0111 241-			hip fees, 1% of its d by the	and gross receipts support from gross organization after
10	An organization orga	nized and operated e	xclusively to test for pub	olic safety	/. See s	ection	009(a)(4)	}.		
11			xclusively for the benefi cribed in section 509(a) ion and complete lines				ons of, See se	or carry ction 509	out the (a)(3). (ortook aro box arac
	a Trona I	h Tyne ti	c Type III	l – Funci	ionally l	integrate	ed .		d 📗	Type III — Other
е	By checking this box other than foundation section 509(a)(2).	I certify that the organization in the certify that the organization is a contract that the organization is a contract to the certific that the organization is a contract to the certific that the organization is a certific that the organization i	anization is not controlle than one or more publi	ed directly icly supp	y or indi orted or	rectly by ganizati	one or ons des	more d cribed ir	isqualifie section	ed persons 509(a)(1) or
f	If the organization re		mination from the IRS t							ganization,
g	Since August 17, 200	6, has the organizati	on accepted any gift or	contribu	tion fror	n any of	the foll	owing po	ersons?	
٠										Yes No
	(i) A person who	lirectly or indirectly co	ontrols, either alone or to oported organization?	ogether	with per	sons de	scribed	in (ii) ar	ıd (III)	11 g (i)
	below, the gove	erning body of the su	ped in (i) above?							
	(ii) A family memb	er of a person descri	Deti iii (i) above:		, , , , , , ,					11g (iii)
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) ab							1.18 ()
h	Provide the following		e supported organization			40.00	==#6.	(vi) l	- #	(vil) Amount of support
	(i) Name of supported organization	(ii) EiN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in) listed in verning nent?	the organ colum your sa	ou notify sization in n (1) of apport?	organize colun organize U.S	ation in in (i) ed in the	(MI) Associated Support
				Yes	No	Yes	No	Yes	No	
				1						
455							1		İ	
<u>(A)</u>				ļ 						
<u>(B)</u>		 		 						
(C)				ļ		ļ				
·										
<u>(D)</u>						 	-			
(E)			<u> </u>			<u></u>			<u></u>	
1-27										
Total			N. A. a. Maria Zanger	000 00	0 57	1	<u> </u>	Schodu	le Δ Æo	rm 990 or 990-EZ) 2011
BAA	For Paperwork Reduction	on Act Notice, see the	instructions for Form	oou or oo	U-EL.			OWIGOR	io A (i bi	111 330 or 330 EZ EO 11

Page 2

Schedule A (Form 990 or 990-EZ) 2011 VERMONT NATURAL RESOURCES COUNCIL, INC. 03-0223731 Partil 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.)

			-				
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ≻	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	759,362.	881,346.	854,348.	692,680.	1,045,341.	4,233,077.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge				6		0.
4	Total. Add lines I through 3	759,362.	881,346.	854,348.	692,680.	1,045,341.	4,233,077.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						491,639.
6	Public support. Subtract line 5 from line 4						3,741,438.
Sec	tion B. Total Support		1	<u> </u>		<u> </u>	3, 141, 436.
Cale	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	759,362.	881,346.	854,348.	692,680.	1,045,341.	4,233,077.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and Income from similar sources.	35,693.	36,975.	33,435.	34,070.	41,351.	181,524.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV	14,571.	11,755.	42,244.	20,091.	16,170.	104,831.
11	Total support. Add lines 7 through 10						4,519,432.
12	Gross receipts from related activi	ities, etc (see inst	ructions)				- 0.
	First five years. If the Form 990 i organization, check this box and	stop here	<u> </u>	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu					···	
14	Public support percentage for 20 Public support percentage from 2	11 (line 6, column	(f) divided by line	11, column (f))		14	82.79 %
	33.1/3% support test — 2011. If #	ne organization did	f not check the bo	x on line 13, and	the line 14 is 33.	1/3% or more, che	89.77% eck this box
b	and stop here. The organization 33-1/3% support test — 2010. If the	ne organization die	d not check a box	on line 13 or 16a	and line 15 is 33	1-1/3% or more, ch	eck this box
	and stop here. The organization	qualifies as a publ	icly supported org	anization	• • • • • • • • • • • • • • • • • • • •	************	
17 a	10%-facts-and-circumstances tea or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this b	oox and stop here	s Explain in Part l'	√how
	10%-facts-and-circumstances tes or more, and if the organization or organization meets the 'facts-and	meets the 'facts-a t-circumstances' t	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	oox and stop here publicly supporte	. Explain in Part I' d organization	V how the ►
	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o			
Baa					Se	chedule A (Form 9	990 or 990 EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 VERMONT NATURAL RESOURCES COUNCIL, Pattill 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 falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

	to quality affact the toste it						
Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in) 🟲 📗	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			,			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			,	engane in the	. .	,
7 a	Total. Add Ilnes 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons					•	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		-	•			
c	Add lines 7a and 7b						2
	Public support (Subtract line 7c from line 6.)						,
CAN	ion R. Lotal Support						
	lion B. Total Support	410007	463,0000	(~) 2000	(4) 2010	(a) 2011	(f) Total
Calen	lar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calend 9 10 a	Aryear (or fiscal yr beginning in) Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calent 9 10 a	Aryear (or fiscal yr beginning in) Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calenda 9 10 a b	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calent 9 10 a b	Aryear (or fiscal yr beginning in) Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calenty 9 10 a b c 11 12 13	Aryear (or fiscal yr heginning in) Amounts from line 6 Gross income from interest, 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. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
Calenty 9 10 a b c 11 12 13	Amounts from line 6	is for the organize	ation's first, secon	d. Halrd. fourth. o	r fifth tax year as	a section 501(c)(3	3)
Calenti 9 10 a b 11 12	Amounts from line 6	is for the organize	ation's first, secon	d. Halrd. fourth. o	fifth tax year as	a section 501(c)(3	3)
0 10 a b b 12 13 14 Sec	Amounts from line 6	is for the organize	ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	3)
0 10 a b b c c 11 12 13 14 Sec 15	Amounts from line 6	is for the organize stop here	ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	>>
0 10 a b b c c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organize is stop here iblic Support 11 (line 8, column 2010 Schedule A,	ntion's first, secon Percentage n (f) divided by lin Part III, line 15.	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	>>
11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organize istop here iblic Support 11 (line 8, column 2010 Schedule A, vestment Inco	Percentage (f) divided by lin Part III, line 15.	d, third, fourth, or e 13, column (f)).	r fifth tax year as	a section 501(c)(3	>>
11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiza i stop here	Percentage (f) divided by lin Part III, line 15. me Percentage	d, third, fourth, or e 13, column (f)). ge d by line 13, colum	r fifth tax year as	a section 501(c)(5	3)
11 12 13 14 Sec 17 18 19 2	Amounts from line 6	is for the organization to the organization to the control of the control of the organization of this box and stop	Percentage (f) divided by lin Part III, line 15. me Percenta column (f) divide lie A, Part III, line did not check the phere. The organ	d, third, fourth, or e 13, column (f)). je d by line 13, column 17	r fifth tax year as	a section 501(c)(3 15 16 17 18 1 than 33-1/3%, are orted organization	3)
11 12 13 14 Sec 17 18 19 8	Amounts from line 6	is for the organization the organization the organization the organization the organization of the organization organization organization organization organization or	Percentage (f) divided by lin Part III, line 15. Ome Percenta column (f) divide did not check the phere. The organ did not check a b and stop here. Th	d, third, fourth, or e 13, column (f)). ge d by line 13, column 17 box on line 14, and ization qualifies an ox on line 14 or lies organization qualifies and ox on line 14 or lies organization qualifies.	mn (f)	a section 501(c)(3 15 16 17 18 1 than 33-1/3%, are orted organization 6 is more than 33 y supported organization organization 6 is more than 33 y supported organization 6 is more than 33 y sup	3)

Schedule A	Form 990 or 9	90-EZ) 2011	VERMON	T NATURA	L RESOU	RCES CO	ONCIL,	INC.	03-0223	3731	Page 4
Part IV	Supplemen Part II, line (See instruc	tal Informa 17a or 17b tions).	tion. Com ; and Part	plete this III, line 12	part to pro 2. Also co	ovide the mplete th	explana nis part f	itions red or any a	juired by Iditional i	Part II, line nformation.	10;
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2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 5446

VERMONT NATURAL RESOURCES COUNCIL, INC.

03-0223731

11/05/12

03:20PM

PART	II. L	INE	10 -	OTHER	INCOME
------	-------	-----	------	-------	--------

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER REVENUE		20,091. \$ 20,091. \$	42,244. 42,244.	11,755. \$ 11,755.	14,571. \$ 14,571.

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
VERMONT NATURAL RESOURCE	03-0223731	
Organization type (check one):		,
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not trust	eated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	ed as a privinte foundation
	4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	d as a private roundation
		·
	to the Original Dule and Charles Dule	
Note. Only a section 501(c)(7), (8), or	by the General Rule or a Special Rule. r (10) organization can check boxes for both the General Ru	ile and a Special Rule. See instructions.
•	•	
General Rule	AF 200	a Comment of from any one
For an organization filing Form 99 contributor, (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
- contributor, (Complete Parts I and	J 16.)	
Special Rules		test of the regulations under continue
	on filling Form 990 or 990-EZ that met the 33-1/3% support of received from any one contributor, during the year, a contributor.	manner of the diegret of (1) aproop of
(2) 2% of the amount on (i) Form	990, Part VIII, line in or (II) Form 990-EZ, line 1. Complete	rans randin.
For a section 501(c)(7), (8), or (1)	0) organization filing Form 990 or 990-EZ that received from	any one contributor, during the year,
total contributions of more than \$	of organization filling Form 950 or 950-122 that received from 1,000 for use <i>exclusively</i> for religious, charitable, scientific, en or animals. Complete Parts I, II, and III.	. Interary, or educational purposes, or
For a section 501(a)(7) :/9) or (1)	0) organization filing Form 990 or 990 F7 that received from	any one contributor, during the year,
contributions for use exclusively f	0) organization filing Form 990 or 990-EZ that received from for religious, charitable, etc, purposes, but these contribution	ons did not total to more than \$1,000.
If this box is checked, enter here	the total contributions that were received during the year for the parts unless the General Rule applies to this organizati	or an exclusively religious, charitable, etc., ion because it received nonexclusively
purpose, Do not complete any or	ations of \$5,000 or more during the year.	
——————————————————————————————————————		
Caution: An organization that is not o	covered by the General Rule and/or the Special Rules does	f its Form 990-EZ or on Part 1, line 2, of its
Form 990-PF, to certify that it does n	covered by the General Rule altural the Special Rules does Part IV, line 2, of its Form 990; or check the box on line H of not meet the filing requirements of Schedule B (Form 990, 9	90-EZ, or 990-PF).
		Schedule B (Form 990, 990-EZ, or 990-PF) (2011
990EZ, or 990-PF.	•	

Schedule Hame of or	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 2 of Part
	NT NATURAL RESOURCES COUNCIL, INC.		yer identification number 0223731
Partil	Contributors (see instructions). Use duplicate copies of Part I if additional s		0000701
(a) Number	(b)	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) . Type of contribution
2		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	2 of 2 of Part 1
Name of orga VERMON	T NATURAL RESOURCES COUNCIL, INC.	1 .	223731.
	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
The state of the s		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEEA0702L 08/30/11 ·	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page

to 1

of Part II

VERMONT NATURAL RESOURCES COUNCIL, INC.

Employer identification number 03-0223731

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6 :		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

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.				
		to Form 990, Part IV, line 5 (Proxy Tax) or l	Form 990-EZ, Part V, I	line 35a (Proxy Tax), the	n
		ganizations: Complete Part III.		1	
	of organization			Employer identifica	
VEF	<u>RMONT NATURAL RESOU</u>	RCES COUNCIL, INC.		03-022373	
Pai	1 - A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 52/ organi	ization.
1	Provide a description of the	organization's direct and indirect political ca	mpaign activities in P	art IV.	
3	Volunteer hours				
Pai	11-B Complete if the o	rganization is exempt under secti	on 501(c)(3).	· · · · · · · · · · · · · · · · · · ·	
1	Enter the amount of any excl	se tax incurred by the organization under s	ection 4955	►\$	0.
		ise tax incurred by organization managers u			
		section 4955 tax, did it file Form 4720 for t			
4a	Was a correction made?				Yes No
k	If 'Yes,' describe in Part IV.				
Pai	*I-C Complete if the o	rganization is exempt under secti	on 501(c) , excer	ot section 501(c)(3)	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt ⊁\$	14.4 to 14.4 t
3	Total exempt function expendine 17b	ditures, Add lines 1 and 2. Enter here and d	on Form 1120-POL,	⊁\$	
4	Did the filing organization file	Form 1120-POL for this year?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
5	Enter the names, addresses organization made payments amount of political contributionsegregated fund or a political	and employer identification number (EIN) c , For each organization listed, enter the an ons received that were promptly and directl l action committee (PAC). If additional space	of all section 527 politi nount paid from the fil y delivered to a separ ce is needed, provide	cal organizations to whi ing organization's funds ate political organization information in Part IV.	ch the filing . Also enter the n, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds, Il none, enter-0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)			·		
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	VERMONT NATU	RAL RESOURCES CO	UNCIL, INC.	03-02237	
Part II-A Complete if the	he organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
section 501(h	1)).	•			
A Check ► if the filing	organization belon	gs to an affiliated group (a	No list in Part iv each a	Italiated group mornoci s	i wiiv)
address, E	IN, expenses, and	share of excess lobbying	zati provisions anniv		
B Check ► If the filing		ed box A and 'limited cont	tot bigaisions abbilit	(a) Filing	(b) Affiliated group totals
•	•	s amounts paid or incurre		(a) Filing organization's totals	group totals
1a Total lobbying expenditure	es to influence publ	ic opinion (grass roots lobi	bying)	6 600	
b Total lobbying expenditure	es to influence a le	gislative body (direct lobby	ing)	6,622.	0.
c Total lobbying expenditur	es (add lines 1a an	d 1b)		6,622. 880,511.	
d Other exempt purpose ex	penditures			887,133.	0.
e Total exempt purpose exp	penditures (add line	s loand lo)		007,133.	
f Lobbying nontaxable amo	ount. Enter the amo	unt from the following table	e in	158,070.	
If the amount on line 1e, colum	nn (a) or (b) ls: T	he lobbying nontaxable an	nount is:		
Not over \$500,000	1	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,00		\$100,000 plus 15% of the excess (
Over \$1,000,000 but not over \$1,		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess o	ver \$1,500;000.		
Over \$17,000,000		\$1,000,000.		50.510	
g Grassroots nontaxable ar	mount (enter 25% o	f line 1f)		39,518.	0.
h Subtract line 1g from line	a 1a. If zero or less,	enter -0	,	0.	0.
I Subtract line If from line				0.	· · · · · · · · · · · · · · · · · · ·
j If there is an amount othe section 4911 tax for this	er than zero on eith	er line 1h or line 1i, did the	e organization file Form	4720 reporting	, Yes No
		4-Year Averaging Period U t made a section 501(h) el s below. See the instruction	Index Section 501/h)		
		ying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	174,19	6. 169,113.	154,062.	158,070.	655,441.
b Lobbying ceiling amount (150% of line					000 160
2a, column (e))					983,162.
c Total lobbying				6 600	61,081.
expenditures	40,35	5. 11,858.	2,246.	6,622.	01,001.
d Grassroots nontaxable		10.070	38,516.	39,518.	163,861.
amount	43,54	9. 42,278.	30,310.	39,010,	200/0021
e Grassroots ceiling amount (150% of line 2d, column (e))					245,792.
f Grassroots lobbying					0.
expenditures				0 1 1 2 2 2	U.

BAA

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 VERMONT NATURAL RESOURCES COUNCIL, INC. 03-0223731

Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

posh 'Voe' recognes to lines to through it heless provide to Doublife delicited described		a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?			***************************************	
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
I Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	**********	********		
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)), or		
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	* * * * * 1	,	2	
3 Dld the organization agree to carry over lobbying and political expenditures from the prior year?		. , ,	3	
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' Canswered 'Yes.'	(c)(5)	nr:	section	
1 Dues, assessments and similar amounts from members	[1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year	L	2a		
b Carryover from last year.	[2b		
c Total		2ε		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3	- Anjunus	
4 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?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)	[5		
art IV Supplemental Information	<u> </u>			
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part iso, complete this part for any additional information.				
	. _			
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Part V Supplemental Information (continued)	, INC.	03-0223731	Page 4
Supplemental information (continued)			
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection
Employer Identification number

	MONT NATURAL RESOURCES COUNCI	t. TNC		03-0223731
V BK	Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds or	Accounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	,,,	
	the organization and the	(a) Donor advised funds		(b) Funds and other accounts
4	Total number at end of year			
_	Aggregate contributions to (during year)			
2				
3	Aggregate grants from (during year)  Aggregate value at end of year			
4	***		t til in den an achde	
~	Did the organization inform all donors and don funds are the organization's property, subject t	o the organizations excinsive rega	Collections	
	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	{ f	********	
	till Conservation Easements. Comp	lete if the organization ansy	vered 'Yes' to Fo	orm 990, Part IV, line 7.
	Purpose(s) of conservation easements held by	the organization (check all that an	poly).	
'	Preservation of land for public use (e.g., re	acreation or education)	reservation of an his	torically important land area
	<b></b>			ified historic structure
	Protection of natural habitat	L1'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	Preservation of open space Complete lines 2a through 2d if the organization	on hold a qualified conservation col	atribution in the form	of a conservation easement on the
2	Complete lines 2a through 2d if the organization last day of the tax year.	in heid a quantied conscivation con		
	table day of the tarry = and			Held at the End of the Tax Year
2	a Total number of conservation easements		2	a
,	o Total acreage restricted by conservation easer	nents	2	b
	Number of conservation easements on a certif	ied historic structure included in (a	) 2	с
	d Number of conservation easements included in	a (a) acquired after 8/17/06, and no	ot on a historic	
,	structure listed in the National Register			d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished	i, or terminated by th	e organization during the
4	Number of states where property subject to co	nservation easement is located 🟲		
5	Does the organization have a written policy re	garding the periodic monitoring, in	spection, handling of	violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conse	ervation easements o	luring the year
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservati	ion easements during	g the year
′	►\$	10p++11113, -111-1111111111111111111111111111		
8	Does each conservation easement reported of			
. 9	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote	a se conseque la the	revenue and even	se statement, and balance sheet, and the organization's accounting for
Рa	conservation easements.  Complete if the organization an	ections of Art. Historical T	reasures, or Oth	
	Complete it the organization and	0540 445 400 050	at in the regions is staf	ament and halance sheet works of
1	If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final.	r SFAS TT6 (ASC 958), not to repo ts held for public exhibition, educat ncial statements that describes the	ion, or research in fu se items.	irtherance of public service, provide,
	b If the organization elected; as permitted under historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to report in old for public exhibition, education,	n its revenue stateme or research in furthe	ent and balance sheet works of art, trance of public service, provide the
	(1) Payanues Included in Form 990 Part VIII	, line 1		
	## A I to all ided in Earm 000 Dort Y			
2	If the organization received or held works of a	art, historical treasures, or other si 116 (ASC 958) relating to these it	milar assets for finar ems:	iciai gairi, provide ule following
	a Revenues included in Form 990, Part VIII, lin	6 ]		
	h Accete included in Form 990 Part X			

Schedule D (Form 990) 2011 VERMO	ו ג פוויי גור יייאי	מעפטנושטעט ט	MINICT I.	TNC	03-022	, 2721	E.	Page 2
Pan III Organizations Mainta	inina Collectio	ns of Art. Hist	orical T	reasures, or				
Using the organization's acquisition items (check all that apply):								
a Public exhibition		d Loan (	or exchan	ge programs				
b Scholarly research	•	e Other						
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV.								
5 During the year, did the organizat assets to be sold to raise funds re	tion solicit or receivather than to be m	ve donations of art, aintained as part of	historica the orga	l treasures, or o	ther similar	Yes		No
Part IV Escrow and Custodia line 9, or reported an	i Arrangement amount on For	m 990, Part X,	line 21	anization ans	swered Yes to r	01111 99	u, rai	(10,
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contrib	outions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the following	g table:			Amarind		
				•		Amount	·	
c Beginning balance	**************************************				. 1c	· .		
d Additions during the year	.,,,,,,,,,,,,,,,,,,		,,,,,,,,,	*********	. 19			
e Distributions during the year								
f Ending balance					1	Yes	Г	No
2a Did the organization include an a		u, Part X, line 217.		*		□ 165		7,10
b if 'Yes,' explain the arrangement Rat V Endowment Funds. Co	in Part XIV.	avanization on	cworod	'Voc' to For	n 000 Part IV li	no 10		
ranv Engowment Funds. Co		b c	- 1	c) Two years back	(d) Three years back		our years	hack
1 - Designations of year belongs	(a) Current year 204, 819	(b) Prior year 9. 200, 0		200,000		**************************************		2001
1a Beginning of year balance	204,01.	200,0	٠٠.	200,000		•		
b Contributions						-		
c Net investment earnings, gains,	7,24	1. 22,9	76	11,790				
and losses	1,24.	20,5	70.	11,150	•			
d Grants or scholarships e Other expenditures for facilities						-		
and programs	7,649	9. 18,1	57.	11,790	. 0	<u> </u>		
I Administrative expenses								
g End of year balance	204,41	4. 204,8	19.	200,000	. 0			
2 Provide the estimated percentage		ar end balance (line	e 1g, colu	mn (a)) held as:				
a Board designated or quasi-endov		00.00%						
b Permanent endowment 🛌		<del></del>			•			
c Temporarily restricted endowmer	nt 🟲	%						
The percentages in lines 2a, 2b,	and 2c should equ	al 100%.						
3a Are there endowment funds not in organization by:					•		Yes	No
(i) unrelated organizations							X	
(ii) related organizations		******				. 3a(ii)		X
b If 'Yes' to 3a(ii), are the related of	rganizations listed	as required on Sci	hedule R?			. 3b		
4 Describe in Part XIV the intended				SEE PART	XIV			
Part VI Land, Buildings, and	Equipment. S	ee Form 990, F				·		
Description of property	(a) (	Cost or other basis (investment)	(b) Co basi	st or other is (other)	(c) Accumulated depreciation	(d) l	Book va	ilue
1a Land						4		700
b Buildings		477,984.			197,255.	<del> </del>	280	,729
c Leasehold improvements						<u> </u>		
d Equipment						<u> </u>		
a Other		130,740.			101,668.	<del> </del>		,072
Total, Add lines 1a through 1e. (Colum	nn (d) must equal l	Form 990, Part X, c	olumn (B	), line 10(c).)	.,,	<u>ــــــــــــــــــــــــــــــــــــ</u>		, 801
BAA					Sch	edule D (i	Form 99	<del>3</del> 0) 201

03-0223731

Page 3

	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	03-0223731	Page 4
65000 1	Total reverse (Form 000 Devi / III and was (A) I'm 10		
2	The residual of the state of the colorest transfer of the colorest tran		1,123,145.
3	Total expenses (Form 990, Part IX, column (A), line 25)		887,133.
4	Excess or (deficit) for the year. Subtract line 2 from line 1		<u>236,012.</u>
_	Net unrealized gains (losses) on investments		-7,003.
5	Donated services and use of facilities		
6	Investment expenses		
. 7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		-7,003.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		229,009.
Ha	我们 Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	· · · · · · · · · · · · · · · · · · ·
1	rotal revenue, gains, and other support per audited financial statements		,120,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,,
ā	Net unrealized gains on investments	03.	
k	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		* 4
е	Add lines 2a through 2d.	2e	12,631.
3	Subtract line 2e from line 1	3 1	.,108,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 1	.,108,100.
	Province of the state of the st	0.5	•
b	Other (Describe in Part XIV.)	83.	
G	Add lines 4a and 4b.		4 1 5 5 F
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	14,985.
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5 1	,123,145.
1	Total expenses and losses per audited financial statements	Return	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	891,782.
	Completed and the second secon		
u b	Donated services and use of facilities	34.	
	Prior year adjustments. 2b		
ب ب	Other losses		
4	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d.	2e	19,634.
3	Subtract line 2e from line 1	3	872,148.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a L	Investment expenses not included on Form 990, Part VIII, line 7b	<u>35.</u>	
i)	Other (Describe in Part XIV.) 4b		
5	Add lines 4a and 4h.	4c	14,985.
Paul	fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	, 5	887,133.
art V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also completely information	IV, lines 1b and 2b	ida -
iny a	ditional information.	are mus barr to bro.	vide
J	ART V. LINE 4 - INTENDED USES OF ENDOWMENT FUND		
		<del></del>	
F	ESERVE FOR FUTURE OPERATING EXPENSES DURING CASH FLOW SHORTAGES.		
-			

Part XIV Supplemental Information (	OKAL RESCORCES	COUNCIL, INC.		3-0223731	Page 5
gran Aix Supplemental information (	continued)				
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#### SCHEDULÉ M (Form 990)

#### **Noncash Contributions**

➤ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
➤ Attach to Form 990.

OM8 No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VERMONT NATURAL RESOURCES COUNCIL, INC.

Employer identification number

03-0223731

Pa	t I Types of Property					
		(a)	(b)	(c)	(d)	
		Check if applicable	Number of contributions or	Noncash contribution	Method of determining noncash contribution amounts	
		applicable	items contributed	Form 990.	Horicasii Commination arroanta	
	,			Part VIII, line 1g		
1	Art – Works of art					
2	Art – Historical treasures					
3	Art – Fractional interests	-		•		
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles			<u> </u>		
7	Boats and planes					
8	Intellectual property			100 500		
9	Securities - Publicly traded	X	5	106,722.		
10	Securities - Closely held stock					
11	Securities – Partnership, LLC, or trust interests .					
12	Securities - Miscellaneous					
13	Qualified conservation contribution — Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles		i.			
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts ,			-		
25	Other ► ()					
26	Other ► ()	,				
27	Other ► ()					
28		L				
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	n during the Acknowled	e tax year for contribution	ons for which the	29	
					Yes No	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						
b If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance police	v that reoul	res the review of any n	on-standard contribution	ns? 31 X	
54	a Does the organization hire or use third parties or r noncash contributions?	erated of Agi	inzanoria co sonon, proc	oool on son	32 a X	

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

b If 'Yes,' describe in Part II.

Schedule M (Form 990) 2011

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplementa and 33, and v number of ite	al Information. Com whether the organizems received, or a communication of the communication	plete this part to provation is reporting in Frombination of both.	vide the information reart I, column (b), the	required by Part I, line number of contributer for any additional	es 30b, 32b, ions, the information.
					. – – – – – –
•			•		
			•		
*** - ** *** ** ** ** **		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	— — », «« — — — — », «» «» «		4 per sep per tou tour
		<b></b>			

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization  VERMONT NATURAL RESOURCES COUNCIL, INC.	Employer Identification number 03-0223731
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
TO PROMOTE THE PRESERVATION, CONSERVATION AND WISE U	JSE OF NATURAL RESOURCES IN THE
STATE OF VERMONT TO THE LONG-TERM BENEFIT OF THE CIT	FIZENS AND ENVIRONMENT OF THE
STATE. TO EDUCATE THE GENERAL PUBLIC IN REGARD TO THE	HE INTERRELATIONSHIP OF OUR
SOILS, WATERS, PLANTS AND ANIMALS, THEIR EFFECTS ON	HUMANS, AND HUMANS' EFFECT ON
THEM.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DE	SCRIPTION
RESOURCE CONSERVATION & PROTECTION: VNRC RESPONDS T	O A VARIETY OF ENVIRONMENTAL AND
CONSERVATION ISSUES EACH YEAR; THIS INVOLVES ASSESSED	MENTS OF THE ISSUE AND A
DETERMINATION OF HOW TO RESPOND MOST EFFECTIVELY. T	ECHNICAL ASSISTANCE MAY BE
UTILIZED.	· · · · · · · · · · · · · · · · · · ·
ENVIRONMENTAL ADVOCACY: VNRC DEVOTES TIME & ENERGY	TO ADVOCATING FOR THE
ENVIRONMENT IN THE STATE LEGISLATURE, AS WELL AS MON	IITORING THE ENVIRONMENTAL
PROGRAMS OF THE EXEC. OFFICE OF VERMONT AND FEDERAL	GOVERNMENTS.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE BOARD REVIEWS THE 990 AND GIVES DOCUMENT FULL AP	PROVAL BEFORE FILING.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROV	VAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT
COMPENSATION FOR EXEC. DIRECTOR IS REVIEWED AND APPR	OVED BY BOARD INCLUDING
COMPARABLE DATA.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROX	AL PROCESS FOR OFFICERS & KEY EMPLOYEES
STAFF COMPENSATION IS DECIDED UPON BY THE EXECUTIVE	DIRECTOR, WHO REVIEWS SURVEYS OF
NOT-FOR-PROFIT ORGANIZATION SALARIES AND BENEFITS, P	ROVIDED BY THE STATE
ENVIRONMENTAL LEADERSHIP PROJECT AND/OR NOONMARK REA	DER. THE EXECUTIVE DIRECTOR'S
COMPENSATION IS DECIDED UPON BY THE BOARD OF DIRECTO	RS, WHO REVIEW SIMILAR

Schedule <b>0</b> (Form 990 or 990 EZ) 2011	Page <b>2</b>
Name of the organization VERMONT NATURAL RESOURCES COUNCIL, INC.	Employer identification number 03-0223731
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEES
DOCUMENTS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE	AVAILABLE TO THE
PUBLIC AT THE VERMONT NATURAL RESOURCES COUNCIL'S OFFICE UPON	REQUEST.
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2011 SCHEDULE O - SUPPLEMENTAL INFORMATION PAGE 1

CLIENT 5446 VERMONT NATURAL RESOURCES COUNCIL, INC. 03-0223731

11/05/12 03:20PM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS. \$ -7,003.

**TOTAL**

*