Form **990** 

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning $Jul 1$ , 2017, and end	ing Ju	ın 30	<b>, 20</b> 18				
В	B Check if applicable: C Name of organization Vermont Natural Resources Council, Inc. D Employer identification no								
	Address			03-02	223731				
	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	<b>E</b> Telephor	ne number				
	Initial ret			(802)	223-2328				
П		n/terminated City or town, state or province, country, and ZIP or foreign postal code							
П	Amende	25 25 25 25 25 25 25 25 25 25 25 25 25 2		<b>G</b> Gross re	ceipts \$ 3,880,938.				
$\overline{\Box}$		on pending F Name and address of principal officer:	H(a) Is this a c		subordinates? Yes X No				
		Brian Shupe, 9 Bailey Avenue, Montpelier, VT 050							
ī	Tax-exer	mpt status: 🗵 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list. (see instructions)				
	Website		H(c) Group	exemption	number ▶				
_		organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile: VT				
_	art l	Summary							
	1	Briefly describe the organization's mission or most significant activities: To	orotect a	nd enha	ance Vermont's				
é		natural environments, vibrant communities, productive							
anc		landscapes, rural character and unique sense of place							
ern	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed		1 25% of	its net assets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	13				
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b			13				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		-	15				
ĭ₹	6	Total number of volunteers (estimate if necessary)		6	18				
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
			Prior Y		Current Year				
	8	Contributions and grants (Part VIII, line 1h)	1 24	9,520.	3,108,142.				
nue	9	Program service revenue (Part VIII, line 2g)		0,262.	13,160.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,733.	130,029.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		474.	390.				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 41	2,989.	3,251,721.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6,645.	25,700.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	74	7,878.	813,742.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	, _	0.	0.				
per	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 95,080.		<u> </u>	<u> </u>				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28	5,913.	349,632.				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,436.	1,189,074.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,553.	2,062,647.				
- S			Beginning of C		End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3.33	2,594.	5,475,576.				
Ass	21	Total liabilities (Part X, line 26)		9,685.	96,027.				
Fre	22	Net assets or fund balances. Subtract line 21 from line 20		2,909.	5,379,549.				
	art II	Signature Block							
Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of n	ny knowledge and belief, it is				
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge.					
			C	1/15/2	019				
Sig	jn 💮	Signature of officer	Da	ate					
Here Brian Shupe, Executive Director & Authorized Tax Officer									
		Type or print name and title							
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	T if PTIN				
	iiu epare		D0154308						
	epare se Onl		Firr		17-1371818				
US	G UIII	Firm's address ▶ P.O. Box 38, Vergennes, VT 05491			02)870-7086				
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			M V D N -				

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To protect and enhance Vermont's
	natural environments, vibrant communities, productive working
	landscapes, rural character and unique sense of place.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total expenses, and revenue, if any, for each program service reported.
	(O
4a	(Code: ) (Expenses \$ 258,455. including grants of \$ 0.) (Revenue \$ 0.)
	Energy - VNRC's Energy and Climate Action Program works to protect
	the legacy Vermonters will leave future generations by helping to
	alleviate the threats of climate change and energy scarcity to the
	state's economy, environment and way of life.
	(O
4b	(Code:) (Expenses \$257,414. including grants of \$20,000.) (Revenue \$0.)
	Water - VNRC's Water program is a leader in the protection,
	restoration, and enhancement of Vermont's water resources -
	irreplaceable elements of Vermont's landscape and natural heritage.
	VNRC is committed to ensuring that conservation and stewardship -
	rooted in sound scientific research - along with public education
	and advocacy are all part of the process.
	and davodacy are arr pare or one process.
4c	(Code:) (Expenses \$156,117. including grants of \$0.) (Revenue \$0.)
	Forests - VNRC works to protect Vermont's forests by assisting
	communities and local governments in innovative planning techniques,
	promoting dialogue with landowners, land managers, foresters and
	others to develop sound policies to keep forests as forests, and
	promoting sound energy policy to help maintain the health of the
	state's forests.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 239,482. including grants of \$ 5,700.) (Revenue \$ 13,160.)
4e	Total program service expenses ▶ 911,468.

Part IV	Checklist of Required Schedules
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			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	· ·	×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	×	
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		×
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? <i>If</i>	3		^
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	
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		×
С	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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> .	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	, , , ,	14a		×
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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
18	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		×
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		×
		Eorn	ം മമറ	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	×	
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		
22				×
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? If "Yes," complete Schedule J	00		
		23		×
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27		20		×
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? If "Yes," complete Schedule L, Part III	07		l
00		27		×
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):			
<b>a</b>	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			
	Schedule L, Part IV	28b		×
С	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	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
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? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		<u> </u>
•	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		×
IJ	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
26		35b		
36	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	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
			- 000	(0017

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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			
4.	5 · ''		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
7	gifts were not tax deductible?	6b		
7 a	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 13 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × 8b × Is there any officer, director, 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. . . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a × 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . 13 × 14 14 Did the organization have a written document retention and destruction policy? × 15 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? The organization's CEO, Executive Director, or top management official . . . . . 15a × Other officers or key employees of the organization . . . . . . . . . . . . . . . 15b X 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 16a × **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: ▶

Brian Shupe, 9 Bailey Avenue, Montpelier, VT 05602 (802)223-2328

Form 990 (2017) Page **7** 

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

Check if Schedule O contains a response or note to any line 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 nor any related organization compensated any current officer, director, or trustee.										
(C)										
<b>(A)</b> Name and Title	(B) Average hours per week (list any	Position (do not check more box, unless person is officer and a director				e than one n is both an tor/trustee)		(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kelly Coleman Chair	1.00	×		×				0.	0.	0.
(2) Scott Johnstone Treasurer	1.00	×		×				0.	0.	0.
(3) Richard Czaplinski Secretary	1.00	×		×				0.	0.	0.
(4) Elizabeth Courtney Director	1.00	×						0.	0.	0.
(5) John Echeverria Director	1.00	×						0.	0.	0.
(6) Chad Farrell Director	1.00	×						0.	0.	0.
(7) Maggie Galka Director	1.00	×						0.	0.	0.
(8) Don Hooper Director	1.00	×						0.	0.	0.
(9) Will Lintilhac Director	1.00	×						0.	0.	0.
(10) Ira Marvin Director	1.00	×						0.	0.	0.
(11)Kesha Ram Director	1.00	×						0.	0.	0.
(12) Amy Seidl Director	1.00	×						0.	0.	0.
(13) Darren Springer Director	1.00	×						0.	0.	0.
(14) Elizabeth Humstone Past Chair	1.00	×						0.	0.	0.

I all	Section A. Officers, Directors, Trust	lees, Key E	IIIpio	yee		) C)	iigries	51 U	ompensateu E		ritiriaec	<i>1)</i>	
	(A)	(B)				ition			(D)	(E)		(F	١
	Name and title	Average	(do not check more than obox, unless person is both					one		Reportable		Estim	
		hours per					or/trust		compensation	compensation fr	om	amou	nt of
		week (list any hours for	익方	Б	Q	<u>~</u>	유표	Fo	from the	related organizations		oth comper	
		related	disi	l tit	Officer	Key employee	ghe nplc	Former	organization	(W-2/1099-MIS		from	
		organizations	dua	l tio	=	퓔	st c )yee	º	(W-2/1099-MISC)	,	,	organiz	
		below dotted line)	7 2	ାal t		loye	omp					and re organiz	
		ilite)	Individual trustee or director	Institutional trustee		0	Highest compensated employee					Organiz	ations
/15\ D	etsy Chodorkoff	1.00		Φ			ted						
	ormer Director	1.00	×						0.		0.		0.
	irginia Farley	1.00							0.		•		<u> </u>
	ormer Director	1.00	×						0.		0.		0.
	udy Geer	1.00							0.		•		<u> </u>
	ormer Director	1.00	×						0.		0.		0.
	illiam Roper	1.00							0.		•		<u> </u>
	ormer Director	1	×						0.		0.		0.
	rian Chuna	40.00											
	xecutive Director				×				89,196.		0.		4,989.
(20)													
32													
(21)													
(22)													
(23)													
(0.4)													
(24)													
(25)													
<u> </u>													
1b	Sub-total							<b>&gt;</b>	89,196.		0.		4,989.
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>					
d	Total (add lines 1b and 1c)							<b>&gt;</b>	89,196.		0.		4,989.
2	Total number of individuals (including but	t not limited	to th	ose	e list	ted a	above	e) w	ho received m	ore than \$100	,000 o	f	
	reportable compensation from the organi	ization ►					0						
_												,	Yes No
3	Did the organization list any <b>former</b> of									est compens	sated		
	employee on line 1a? If "Yes," complete										•	3	×
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater tha	an \$1	150,	JUU	)'? Ii	"Ye	s, ″	complete Sch	edule J for	such	-	
_				•			•					4	×
5	Did any person listed on line 1a receive of for services rendered to the organization												
Coati	<del>-</del>	: 11 165, 0	.опрі	ele	SCI	ieut	ile J i	OI S	such person	<del></del>	•	5	×
<u>Secur</u>	on B. Independent Contractors  Complete this table for your five highest	oompopoet.	od ind	don		ont	oontr	oot.	are that receive	nd mara than	<u>ቀተ</u> በበ በ	100 of	
•	compensation from the organization. Repyear.												ı's tax
	(A)								(B)			(C)	
	Name and business add	Iress							Description of s	ervices	Co	mpensat	ion
2	Total number of independent contractor received more than \$100,000 of compens							th th	ose listed abo	ove) who			

REV 10/16/18 PRO

#### Part VIII Statement of Revenue

		Check if Schedule C	contains a res	ponse or note t	o any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s 1a	0.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		102,920.				
ă, G	С	Fundraising events .		0.				
ar /	d	Related organizations		0.	-			
s, C	е	Government grants (con		139,242.				
r Si	f	All other contributions, g	ifts, grants,					
the the		and similar amounts not inc	luded above 1f	2,865,980.				
d E	g	Noncash contributions include	ded in lines 1a-1f: \$	133,670.				
<u>ဒ မ</u>	h	Total. Add lines 1a-1	f	>	3,108,142.			
ne				Business Code				
Program Service Revenue	2a	Program event	revenue	900099	13,160.	13,160.	0.	0.
æ	b							
Ş.	С							
Ser	d							
äШ	е							
.og	f	All other program ser						
	g	Total. Add lines 2a-2			13,160.			
	3	Investment income	` •			_	_	
		and other similar amo	•		51,498.	0.	0.	51,498.
	4	Income from investment	•	•				
	5	Royalties	(i) Real	(ii) Personal				
	60	Gross rents	(1) 11041	(ii) i ordenar	-			
	6a b	Gross rents Less: rental expenses			_			
	C	Rental income or (loss)			_			
	d	Net rental income or (	(loss)	<b>•</b>				
	7a	Gross amount from sales of	(IOSS) (i) Securities	(ii) Other				
		assets other than inventory	707,748.		-			
	b	Less: cost or other basis	70777101					
		and sales expenses .	629,217.					
	С	Gain or (loss)	78,531.					
	d	Net gain or (loss) .		▶	78,531.	0.	0.	78,531.
Ф								
	8a		ındraising					
Š		events (not including \$	0.					
Other Revenu		of contributions reporte						
her		See Part IV, line 18 .						
ō		Less: direct expenses						
		Net income or (loss) f	•	events . <b>&gt;</b>				
	9a	Gross income from gasee Part IV, line 19 .						
	h	Less: direct expenses			-			
		Net income or (loss) f						
		Gross sales of in						
		returns and allowance						
	b	Less: cost of goods s	old <b>b</b>					
	С	Net income or (loss) f						
		Miscellaneous R		Business Code				
	11a	Other Income		900099	390.	0.	0.	390.
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-			390.	10 155		122 11
	12	Total revenue. See in	nstructions	<u> ▶</u>	3,251,721.	13,160.	0.	130,419.

Form 990 (2017)

#### 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). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 25,700. 25,700. Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 0. 0. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 0. 0. Benefits paid to or for members . . . . 0. 0. Compensation of current officers, directors, 5 trustees, and key employees . . . . . 95,559. 47,559. 36,533. 11,467. Compensation not included above, to disqualified 6 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 . . . . . . 644,593. 504,058. 83,379. 57,156. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,560. 1,845. 15,810. 1,405. Other employee benefits . . . . . . 1,949. 2,412. 9 251. 212. 55,368. 10 Payroll taxes . . . . . . . . 41,539. 8,651. 5,178. Fees for services (non-employees): 11 Management . . . . . . 0. 0. 0. 0. 0. Legal . . . . . . . . . . . . . . . . 0 0. Ο. Accounting . . . . . . . . . . . 8,440. 0. 8,440. 0. Lobbying . . . . . . . . . . . 26,667. 26,667. 0. 0.\_ Professional fundraising services. See Part IV, line 17 0. Investment management fees . . . . . f 25,032. 0. 25,032. 0. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 121,530. 119,221. 985. 1,324. 12 Advertising and promotion . . . . . 6,536. 5,499. 0. 1,037. 13 Office expenses . . . . . . . 32,355. 22,857. 2,096. 7,402. 14 Information technology . . . . . 7,141. 2,901. 604. 3,636. 15 0. 0. 0. 0. Occupancy . . . . . . . . . . 17,317. 16 23,082. 3,606. 2,159. 15,160. 13,181. 1,168. 811. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 0. 19 Conferences, conventions, and meetings . 42,099. 37,791. 3,653. 655. 0. 20 0. 0. 0. Payments to affiliates . . . . . . 0. 0. 21 0. 13,717. 18,284. 2,857. 1,710. 22 Depreciation, depletion, and amortization . 23 8,900. 6,677. 1,391. 832. Other expenses. Itemize expenses not covered 24 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.) Bank charges & other fees 1,769. 1,769. 0. 0. Licenses & dues 2,827. 2,999. 147. 25. Subscriptions & publications 8,882. 8,882. 0. 0. Miscellaneous expenses 756. 566. 119. 71. All other expenses Total functional expenses. Add lines 1 through 24e 25 1,189,074. 911,468. 182,526. 95,080. 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 following SOP 98-2 (ASC 958-720) if

Form 990 (2017)

#### Part X Balance Sheet

	artA	Check if Schedule O contains a response or	note 1	to any line in this Par	t X		
		·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			51,109.	1	41,903.
	2	Savings and temporary cash investments	[	351,834.	2	333,151.	
	3	Pledges and grants receivable, net	[	27,944.	3	1,981,159.	
	4	Accounts receivable, net	Г	0.	4	0.	
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L			5		
S.	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	ibuting employers and nployees' beneficiary		6		
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		<u> </u>		8	
	9	Prepaid expenses and deferred charges			6,941.	9	5,821.
	10a	Land, buildings, and equipment: cost or			.,		
		other basis. Complete Part VI of Schedule D	10a	647,455.			
	b	Less: accumulated depreciation	10b	368,489.	253,258.	10c	278,966.
	11	Investments—publicly traded securities			2,641,508.	11	2,834,576.
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments - program-related. See Part IV, line	11 .			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	3,332,594.	16	5,475,576.		
	17	Accounts payable and accrued expenses		99,685.	17	96,027.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen- disqualified persons. Complete Part II of Schedu	sated			22	
Lie	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	s 17-24	). Complete Part X			
		of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			99,685.	26	96,027.
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		k here ► ⊠ and			
auc	27	Unrestricted net assets		[	2,385,800.	27	4,509,559.
Bal	28	Temporarily restricted net assets			796,860.	28	819,741.
Þ	29	Permanently restricted net assets			50,249.	29	50,249.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), che	eck here ▶ □ and			
ts (	30	Capital stock or trust principal, or current funds		[		30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Ä	32	Retained earnings, endowment, accumulated in				32	
Ne.	33	Total net assets or fund balances		<u> </u>	3,232,909.	33	5,379,549.
_	34	Total liabilities and net assets/fund balances .			3,332,594.	34	5,475,576.

Form **990** (2017)

Form 990 (2017)

Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3,2	51,7	21.
2	Total expenses (must equal Part IX, column (A), line 25)	1,1	39,0	74.
3	Revenue less expenses. Subtract line 2 from line 1	2,0	52,6	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	3,2	32,9	09.
5	Net unrealized gains (losses) on investments		33,9	93.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	5,3	79,5	49.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b		2b	×	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20	^	
	separate basis, consolidated basis, or both:			
	⊠ Separate basis    □ Consolidated basis    □ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	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?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2017)

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

#### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number									
Vermont Natural Resources					03-0223731				
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
·		,		-	•				
	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> </ul>								
3 A hospital or a cooperative ho									
4 A medical research organization						(iii). Enter the			
hospital's name, city, and stat	•	,			( // // /	` ,			
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in			
6 A federal, state, or local gover	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).				
7   An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public			
8 A community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)						
9 An agricultural research organ or university or a non-land-gra university:									
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its			
11 An organization organized and	•	,	•						
12 An organization organized and of one or more publicly support									
Check the box in lines 12a thro									
a Type I. A supporting organization supporting organization. Y	nization operated n(s) the power to	l, supervised, or contr regularly appoint or e	olled by i elect a ma	ts suppo ijority of t	rted organization(s),	typically by giving			
b Type II. A supporting orga	<del>-</del>	•			unnorted organizati	on(s) by having			
control or management of organization(s). You must	the supporting o	rganization vested in	the same						
c Type III functionally integ its supported organization						ally integrated with,			
d Type III non-functionally that is not functionally inte requirement (see instructionally ins	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS tha	at it is a Type I, Type ion.	e II, Type III			
f Enter the number of supported									
<b>g</b> Provide the following informatio	n about the supp	ported organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
C)									
(D)									
(E)									
<del></del>									

		P	OBLI	L IIND	PECI	IUN	
	ule A (Form 990 or 990-EZ) 2017						Page <b>2</b>
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support			ı			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	969,879.	738,946.	1,034,159.	1,249,520.	1,078,142.	5,070,646.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	969,879.	738,946.	1,034,159.	1,249,520.	1,078,142.	5,070,646.
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)						1 010 526
_							1,012,536.
6	Public support. Subtract line 5 from line 4						4,058,110.
	ion B. Total Support	(-) 0010	(I-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(6) T-+-1
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7		969,879.	738,946.	1,034,159.	1,249,520.	1,0/8,142.	5,070,646.
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	60 200	46 120	44 005	44 057	F1 400	246 000
•		60,309.	46,139.	44,085.	44,957.	51,498.	246,988.
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	<u> </u>						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	36,389.	2,561.	792.	474.	390.	40,606.
	(Explain in Fant VI.)	36,389.	2,561.	792.	474.	390.	40,606.

	• • • • • • • • • • • • • • • • • • • •			
12	Gross receipts from related activities, etc. (see instructions)	12	43,71	L7.
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years.	ear as	a section 501(c)(3)	1
	organization, check this box and <b>stop here</b>			
Secti	on C. Computation of Public Support Percentage			
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	75.74	%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	74.23	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization			
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 10 nor more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	nd <b>s</b> t	top here. Explain in publicly supported	ı
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this b	oox and <b>stop here.</b> ualifies as a publicly	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check instructions			

11

**Total support.** Add lines 7 through 10

Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			, ,		/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	. ,	,	. ,	, ,	,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	ı's first, secon	d, third, fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (		. ,	•	. , ,		%
18	Investment income percentage from 2016						%
19a	33¹/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		-	_
b	331/3% support tests—2016. If the organiz						
00	line 18 is not more than 33 <sup>1</sup> /3%, check this l	_	=	=	-		_
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, (	cneck this box	and see instru	Ctions 🕨 🔲

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

	The state of the s		Vaa	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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.			
5а	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 <b>Part VI</b> , 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).	4c 5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>			
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 I of Schedule L (Form 990 or 990-EZ).	7		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) 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 <b>Part VI.</b>	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

	le A (Form 990 or 990-EZ) 2017			Page <b>3</b>
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	INO
	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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on 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 <b>Part VI</b> 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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			<u> </u>
	Alternative Control of the Control o		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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 <b>Part VI</b> 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			
J	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	ľ	Yes	No
а	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 <b>Part VI</b> 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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2017	1	of Ec iio	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization			
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		
<b>6</b> 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> 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		
<b>4</b> 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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

6

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	<u> </u>
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b				
С	Excess from 2015			
d				
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Other / Miscellaneous
Income 2013: 36389. 2014: 2561. 2015: 792. 2016: 474. 2017: 390.

#### Schedule B

or 990-PF)

**PUBLIC INSPECTION C** (Form 990, 990-EZ,

#### **Schedule of Contributors**

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

Verm	ont Natural Re	sources Cou	ncil, Inc.	03-0223731		
	Organization type (check one):					
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	<b>区</b> 501(c)(	▼ 501(c)( 3 ) (enter number) organization			
		☐ 4947(a)(1) n	onexempt charitable trust <b>not</b> treated as a private fou	ndation		
		☐ 527 politica	l organization			
Form 99	0-PF	☐ 501(c)(3) ex	empt private foundation			
		☐ 4947(a)(1) n	onexempt charitable trust treated as a private founda	tion		
		☐ 501(c)(3) tax	kable private foundation			
	nly a section 501(c)(7	_	General Rule or a Special Rule. Anization can check boxes for both the General Rule a	nd a Special Rule. See		
General	Rule					
		r property) from a	990-EZ, or 990-PF that received, during the year, cont any one contributor. Complete Parts I and II. See instr			
Special	Rules					
X	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) a I that received fro	tion 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 om any one contributor, during the year, total contribution) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line tions of the greater of <b>(1)</b>		
	contributor, during the	he year, total con	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that tributions of more than \$1,000 <i>exclusively</i> for religious or the prevention of cruelty to children or animals. Con	, charitable, scientific,		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					

Page 2

Name of organization

Vermont Natural Resources Council, Inc.

Employer identification number

03-0223731

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	F. Kincaid Perot P.O. Box 76A Warren VT 05674	<b>c</b> 120 601	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Jane's Trust  60 State Street  Boston MA 02109	\$ 80,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	U.S. Fish & Wildlife Service  11 Lincoln Street  Essex Junction VT 05452	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Lintilhac Foundation  886 North Gate Road  Shelburne VT 05482	\$ 90,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.5	Estate of Dorothy Hines  c/o Gravel & Shea P.O. Box 369  Burlington VT 05402	\$ 2,030,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Page 3

Name of organization

Vermont Natural Resources Council, Inc.

Employer identification number

03-0223731

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	159 shares of 3M Company	\$ 37,985.	12/12/2017
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	600 shares of Waste Management, Inc.  (plus \$40,000 in cash)	\$ 50,616.	04/10/2018
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** 03-0223731 Vermont Natural Resources Council, Inc. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

#### **Political Campaign and Lobbying Activities**

OMB No. 1545-00

2017

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on 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

i un, (o	ce separate monactions, ti	ion			
• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
Verm	ont Natural Resour	rces Council, Inc.		03-02237	731
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			0.
3		cal campaign activities (see instruc			
Part		e organization is exempt unde			
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount directly activities Enter the amount of the 527 exempt function activities 17b Did the filing organization Enter the names, address organization made payment the amount of political control of the amount of political control of the second of th	excise tax incurred by the organization of a section 4955 tax, did it file Formula.  IV.  Per organization is exempt under the properties of the properties	er section 501(content of the section	section 4955	Yes No Yes No Yes No Yes No  (c)(3).  Yes No Xes No Xes No Xes No Xes Xes Xes Xes Xes No Xes
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If 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)					

ocneu	ule 0 (1 01111 330 01 330-LZ) 2011					raye <b>z</b>
Part	II-A Complete if the organization section 501(h)).	n is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A C	heck ► ☐ if the filing organization belor	gs to an affiliate	ed group (and list i	in Part IV each affi	liated group memb	per's name,
	address, EIN, expenses, and	share of excess	lobbying expend	itures).		
<b>B</b> C	heck ▶ ☐ if the filing organization chec	ked box A and "	limited control" pr	rovisions apply.		
		oying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence			•	1,323.	
b	Total lobbying expenditures to influence	•	• •	-,	58,006.	
С	Total lobbying expenditures (add lines 1	,			59,329.	
d	Other exempt purpose expenditures .				1,129,745.	
е	Total exempt purpose expenditures (ad-		•		1,189,074.	
f	Lobbying nontaxable amount. Enter	the amount fr	om the following	g table in both		
	columns.				193,907.	
	If the amount on line 1e, column (a) or (b) is		nontaxable amoun	t is:		
	Not over \$500,000	_	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	<u> </u>	15% of the excess	· · ·		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	•	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 2	,			48,477.	
h	Subtract line 1g from line 1a. If zero or li				0.	
İ	Subtract line 1f from line 1c. If zero or le	•			0.	
j	If there is an amount other than zero			•		Yes No
	reporting section 4911 tax for this year					tes NO
	(Some organizations that made a se	ction 501(h) ele	Period Under sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period		
		-				
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	158,829.	164,595.	196,044.	193,907.	713,375.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,070,063.
С	Total lobbying expenditures	23 877	29 606	45 826	58 006	157 315

39,707.

41,149.

3,970.

Schedule C (Form 990 or 990-EZ) 2017 REV 10/16/18 PRO

48,477.

1,323.

178,344.

267,516.

6,509.

49,011.

1,216.

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed l	Form	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	t
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
<b>2</b> a	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					
С	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(c) 501(c)(6).	)(5), c	or se	ction		
					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?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	$Aggregate\ amount\ reported\ in\ section\ 6033(e) (1) (A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$	.	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par 	t II-A, I	nes 1	and

Schedule C (For	m 990 or 990-E2) 2017	Page 4
Part IV	Supplemental Information (continued)	•

#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

		ganization		Employer identification number
		Natural Resources Council, Inc		03-0223731
Part	<u>:</u>	Organizations Maintaining Donor Adv		
		Complete if the organization answered		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (during year)		
3	Aggre	egate value of grants from (during year) .		
		egate value at end of year		
		he organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
		s are the organization's property, subject to the		
6	Did t	he organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
		for charitable purposes and not for the bene		
		· ·	. <b></b>	
Part	П	Conservation Easements.		
		Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purn	ose(s) of conservation easements held by the		
•		reservation of land for public use (e.g., recrea		of a historically important land area
		rotection of natural habitat	·	of a certified historic structure
	_	reservation of open space	Treservation o	i a certified flistofic structure
2		plete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
		ment on the last day of the tax year.	eld a quaimed conservation contribution	Held at the End of the Tax Year
		acreage restricted by conservation easemen		
		ber of conservation easements on a certified		
d		ber of conservation easements included in		
•				
		ber of conservation easements modified, tran	sterred, released, extinguished, or ter	minated by the organization during the
	tax y			
		ber of states where property subject to conse		,,
		the organization have a written policy re		·
		tions, and enforcement of the conservation ea		
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b></b>	·		
7		unt of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$			
8		each conservation easement reported on line		
	and s	section 170(h)(4)(B)(ii)?		· · · · · · Yes . No
9		rt XIII, describe how the organization reports		
		nce sheet, and include, if applicable, the text of		nancial statements that describes the
		nization's accounting for conservation easem		
Part		Organizations Maintaining Collection		
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	s revenue statement and balance shee
		s of art, historical treasures, or other simila		
	publi	c service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
		e organization elected, as permitted under S		
	work	s of art, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or research in furtherance of
		c service, provide the following amounts relat		
	(i) R	evenue included on Form 990, Part VIII, line 1		• \$
	(ii) As	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X		• \$
2	If the	e organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
		ving amounts required to be reported under S		<u> </u>
		nue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
		ts included in Form 990, Part X		<b>&gt;</b> \$

Part	III Organizations Maintaining	Collections of	Art, Histor	rical T	reasures,	or Ot	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		her records	, chec	k any of the	follov	ving that are a s	ignificant	use of its
а	☐ Public exhibition		d 🗌	Loan	or exchange	prog	rams		
b	Scholarly research		e $\square$	Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.		and explain	how th	ney further t	he org	ganization's exen	npt purpo	se in Par
5	During the year, did the organization							ır	
	assets to be sold to raise funds rather		ined as par	t of the	organizatio	n's co	ollection?	☐ Ye	s 🗌 No
Part									
	Complete if the organization	answered "Yes"	on Form	990, F	Part IV, line	9, or	reported an am	ount on	Form
	990, Part X, line 21.				1 11 11				
1a	Is the organization an agent, trustee,			-					
	included on Form 990, Part X?							⊔ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the folio	wing ta	ibie:		Δι	mount	
_	Designing belongs					4.		TIOUTIL	
C	Beginning balance					10	_		
d	Additions during the year					10			
e f	Distributions during the year					1e			
	Ending balance							2 <b>V</b>	s 🗆 No
2a	If "Yes," explain the arrangement in Pa						-		S   NO
Par		art Alli. Check here	e ii tile expi	ariatioi	rnas been p	orovide	eu on Fart Alli .	<del></del>	
ı aı	Complete if the organization	answered "Ves'	" on Form	aan E	Part IV line	10			
	Complete in the organization	(a) Current year	(b) Prior y		(c) Two years		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	2,641,508.	2,337,		2,524,2		200,000.		00,000.
b	Contributions	100,000.		092.	10,1		2,150,589.		0.
C	Net investment earnings, gains, and	100,000.	٦,	092.	10,1	137.	2,130,309.	+	0.
·	losses	187,468.	298,	100	-109,6	524	240,356.		22,499.
d	Grants or scholarships	0.	230,	0.	-109,0	0.	240,330.		0.
e	Other expenditures for facilities and	0.		0.		0.	0.	+	0.
·	programs	94,400.		0.	86 (	900.	66,650.		22,499.
f	Administrative expenses	0.		0.	00,2	0.	0.		0.
g	End of year balance	2,834,576.	2,641,		2,337,9		2,524,295.		00,000.
2	Provide the estimated percentage of t								, , , , , , , ,
a	Board designated or quasi-endowmer	-		mic ig	, σοιαιτίτ (α))	ricia	us.		
b	Permanent endowment ►	2 %	<u>.</u>						
c	Temporarily restricted endowment ▶	24.%							
	The percentages on lines 2a, 2b, and		00%						
3a	Are there endowment funds not in the			ion tha	t are held a	nd ad	ministered for th	е	
	organization by:	•	J					_	Yes No
	(i) unrelated organizations							3a(i)	×
	(ii) related organizations							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses	•	•						
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization		on Form	990, F	art IV, line	11a.	See Form 990,	Part X, I	ine 10.
	Description of property	(a) Cost or ot			r other basis		Accumulated	(d) Book	
		(investme	ent)	(ot	ther)	de	epreciation		
1a	Land		0.		0.				0.
b	Buildings		0.	5	33,036.		271,510.	26	1,526.
C	Leasehold improvements		0.		0.		0.		0.
d	Equipment		0.	1	14,419.		96,979.	1	7,440.
e	Other		0.		0.		0.		0.
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99		column		2.) .		27	8,966.

Schedule D (Form 990) 2017 Page 3

Part VII	Investments – Other Securities.	E 000 D. I.W. I'		000 B. IV I'. 40
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial				
. ,	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990. Part IV. lir	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value		thod of valuation:
	.,		Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.	Carres 000 Dart IV 15	11d C Farre	000 Davit V lina 15
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, III	ie 11a. See Form	(b) Book value
	(a) Description			(b) Dook value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) .			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability (b) Book value	ue		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	r uncertain tax positions. In Part XIII, provide the text of the fo	otnoto to the examination	un'a financial atata	ante that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740).			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . . . . . . . . 3,310,682. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 83,993. Donated services and use of facilities Recoveries of prior year grants . . . . Other (Describe in Part XIII.) . . . . . . . . . . . Add lines 2a through 2d . . . . . . . . . . . . 83,993. 2e Subtract line **2e** from line **1** . . . . . . . 3 3 3,226,689. Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 25,032. 4a Add lines 4a and 4b 4c 25,032. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 3,251,721. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,164,042. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses . . . . . . . . 2c Other (Describe in Part XIII.) . . . . . Add lines 2a through 2d . . . . . . 2e 3 Subtract line **2e** from line **1** . . . . . . . . 1,164,042. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 25,032. Add lines **4a** and **4b** . . . . . . . . . . . . 4c 25,032. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 1,189,074. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 provide any additional information. Pt V, Line 4: Earnings from the permanently restricted portion of the endowment support the organization's intern program. Earnings and principal from the temporarily restricted portion of the endowment support the organization's legal expenses. Earnings and principal from the board-designated portion of the endowment support the general operations of the organization - as directed by the Board of Directors.

Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

#### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization							Employe	er identification numb	er
Vermont Natural Resource	ces Council,	Inc.					03-02	23731	
Part I General Information									
1 Does the organization maint									
the selection criteria used to	•							· · X Yes	☐ No
2 Describe in Part IV the organ	•	•	•						
<b>Grants and Other A</b> 990, Part IV, line 21,								ered "Yes" on Fo	orm
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of g or assistance	
(1) Town of Shelburne, Vermont P.O. Box 88 Shelburne VT 05482		Government	20,000.					Preservation	n
(2)	_								
(3)	-								
(4)	-								
(5)									
(6)									
(7)									
(8)	-								
(9)	-								
(10)	-								
(11)	-								
(12)	-								
2 Enter total number of section 3 Enter total number of other				ine 1 table				. <b>.</b>	1

Part III	Grants and Other Assistance to Part III can be duplicated if addition			e organization ansv	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7 Part IV	Supplemental Information. Prov					
Pt I L	ine 2: The Organization req	quires financial	and narrativ	e reports detai	ling the use of gra	nt funds.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

	ont Natural Resources C	ouncil,	Inc.	03-022	3731			
Part	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
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							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	×	8	133,670.	Average	Share	Pr	ice
10 11	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
12 13	Securities – Miscellaneous Qualified conservation contribution – Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
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	Other ► (	<u> </u>			1			
29	Number of Forms 8283 received which the organization completed							_
	which the organization completed	1 1 01111 0200	o, Fait IV, Donee Acknowled	ugement	29	V	es	0 . <b>No</b>
20-	Division the committee did the averaging			anti cuananta din Danti Lina	a 4 Hawaiiah	1	62	NO
30a	During the year, did the organiza 28, that it must hold for at least t to be used for exempt purposes	hree years	from the date of the initial	contribution, and which is	n't required	00-		
J_			e notating periou!			30a		×
31	If "Yes," describe the arrangement Does the organization have a	gift accep						
00	contributions?					31 >	×	
32a			ies or related organization			32a		×
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			

Schedule M (Form 990) 2017

## PUBLIC INSPECTION COPY Page 2

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						

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

#### 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.

2017

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** 03-0223731 Vermont Natural Resources Council, Inc. Pt VI, Line 6: Supporters of VNRC who make contributions of at least \$40 per year are automatically considered members. Pt VI, Line 7a: Directors serve three-year terms with the membership generally electing a third of the Directors each year at the annual meeting. Pt VI, Line 7b: A two-third's vote of the membership is required to amend the bylaws. Pt VI, Line 11b: A draft of Form 990 is reviewed by management with a copy of Form 990, in PDF format, made available to the Board prior to filing. Pt VI, Line 12c: Board members are required to disclose any potential conflicts of interest annually with compliance monitored by management. Pt VI, Line 15a: The Board reviews comparability information as part of annual salary review of all top officials. Pt VI, Line 15b: See above description for Part VI, Line 15a. Pt VI, Line 19: The organization's governing documents, policies and financial statements are available to the public at the VNRC's offices upon request. Pt III, Line 4d: Expenses: \$116,984 including grants of: \$200 Revenue: \$13,160 Description: Outreach & Communication - Through a variety of publications, its website, an annual meeting and other programs and events, VNRC promotes the general environmental well-being of the State. Expenses: \$122,498 including grants of: \$5,500 Revenue: \$0 Description: Sustainable Communities: VNRC's Sustainable Communities program raises awareness of how Vermont can sustain its communities, economy, and natural environment through smart land use decisions. Pt IX, Line 11g:

Name of the organization	Employer identification number						
Vermont Natural Resources Council, Inc.	03-0223731						
Description: Engineers & Hydrologists							
Total: \$35,936							
Program services: \$35,936							
Management and general: \$0							
Fundraising: \$0							
Description: Modern Wood Heat Marketing Specialists							
Total: \$28,000							
Program services: \$28,000							
Management and general: \$0							
Fundraising: \$0							
Description: Environmental Consultants							
Total: \$22,114							
Program services: \$22,114							
Management and general: \$0							
Fundraising: \$0							
Description: Media, Polling and Reporting Services							
Total: \$10,274							
Program services: \$10,274							
Management and general: \$0							
Fundraising: \$0							
Description: Geographers							
Total: \$8,500							
Program services: \$8,500							
Management and general: \$0							
Fundraising: \$0							
Description: Interns							
Total: \$7,880							

Name of the organization	Employer identification number
Vermont Natural Resources Council, Inc.	03-0223731
Program services: \$7,780	
Management and general: \$100	
Fundraising: \$0	
Description: Communications Specialists	
Total: \$1,475	
Program services: \$1,475	
Management and general: \$0	
Fundraising: \$0	
Description: Other Consultants & Subcontractors	
Total: \$7,351	
Program services: \$5,142	
Management and general: \$885	
Fundraising: \$1,324	

8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## PUBLIC INSPECTION COPY Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing o	f this form, visit <i>www.irs.gov/efile</i> , click on Charitie	s & Non-Pı	rofits, and click on e-	file for Charities and I	Von-F	Profits.	
Auton	natic 6-Month Extension of Time. Only subr	nit origina	I (no copies neede	d).			
	porations required to file an income tax return otherse Form 7004 to request an extension of time to file			20-C filers), partners	•		
Гуре с	Name of exempt organization or other filer, see instructions.  Employer identificat			Employer identification	on number (EIN) or		
orint	"   Vermont Natural Resources Cou	Vermont Natural Resources Council, Inc.			03-0223731		
'	Number, street, and room or suite no. If a P.O. box, see instructions.  Social security numb			(SSN)	)		
File by th due date	9 Bailey Avenue						
iling you	City town or post office state and ZIP code. For a foreign address, see instructions						
eturn. S nstructio	ee						
	he Return Code for the return that this application	is for (file a	separate application	for each return) .			0 1
Application Is For		Return Code	Application Is For	l			Return Code
Form	990 or Form 990-EZ	01	Form 990-T (corpor	poration)			07
Form	990-BL	02	Form 1041-A				08
Form	4720 (individual)	03	Form 4720 (other th	r than individual)			09
Form	990-PF	04	Form 5227				10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	m 6069			
Form	990-T (trust other than above)	06	Form 8870	8870			
If the If this or the	organization does not have an office or place of be a sis for a Group Return, enter the organization's four whole group, check this box ▶ ☐ . If ith the names and EINs of all members the extension	usiness in ur digit Gro it is for par	the United States, ch up Exemption Numbe	er (GEN)		 If thi	s is
	I request an automatic 6-month extension of time for the organization named above. The extension  ▶ □ calendar year 20 or  ▶ ☒ tax year beginning Jul 1	until <u>May</u> is for the o	rganization's return fo	or:			
2 3a	If the tax year entered in line 1 is for less than 12 r  Change in accounting period  If this application is for Forms 990-BL, 990-PF, 9	months, ch	eck reason: 🗌 Initial	return			
	any nonrefundable credits. See instructions.				3a	\$	0.
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$						0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						_	0
using EFTPS (Electronic Federal Tax Payment System). See instructions.						\$	0.
<b>Cautio</b> i nstruct	n: If you are going to make an electronic funds withdrawations.	al (direct deb	oit) with this Form 8868,	see Form 8453-EO and	Form	8879-EO	tor payment