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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities,

2010

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Inspection at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

A			idar year, or tax year begin	ining	8/1/2010	, and	ending		//31/20	
В		if applicable	C Name of organization					D Em	ployer id	entification number
	Addres	s change	Vermonters For A Clean	Environment Inc					O.	3-0362871
	Name o	change	Number and street (or P O box	t if mail is not delivered	to street address)		Room/suite	F Tele	phone n	
	Initial re	eturn					1	-	,	•
	Termina	ated	789 Baker Brook Road						(80	2) 446-2094
Γ	Amend	ed return	City or town		state or country	ZIP + 4		F Gro	up Exe	
		tion pending	Danby		VT	05739	<u> </u>	l.	mber ▶	•
	Accour	nting Method	X Cash Accrual	Other (speci	fv) ▶			Check	▶□	if the organization is
ı		ite: ► <u>www</u>		- III (- I - I - I - I - I - I - I - I -	-7/		<u> </u>			attach Schedule B
i			eck only one) — X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1)	or 527			0-EZ, or 990-PF)
										
K			organization is not a section			_		-		
			orm 990 return is not require	d though Form 990-N	N (e-postcard) ma	ly be require	d (see instruct	ions) B	ut if the	organization chooses
			re to file a complete return							
			d 7b, to line 9 to determine g	· · · · · · · · · · · · · · · · · · ·			ore, or if total a	ssets	. .	455.047
			(B) below) are \$500,000 or				(aaa tha ia		▶ \$	155,917
	art I		ie, Expenses, and Cha						ons to	·
			f the organization used		<u></u>	question	in this Part I			X
	1		ons, gifts, grants, and sım						1	155,794
	2	_	ervice revenue including	-	nd contracts				2	
	3		ip dues and assessment	S .		•			3	
	4	investmen	· · · · · - · · · · · ·			, ,			4	
	5a		ount from sale of assets of	•		5a				
	b		or other basis and sales	•	•	5b				
ω	С	·	ss) from sale of assets o	ther than inventory	(Subtract line 5	5b from line	e 5a) .		5c	0
뒫	6	_	nd fundraising events							
Revenue	а		ome from gaming (attach	Schedule G_f_grea	ter than	1 1				
8		\$15,000)		SENIED.	\	6a				
	b	Gross inco	ome from fundraising eve	hts (not including \$	<u> </u>	of cor	tributions			
			aising events reported or			1 1			\$ 5.4	
	ļ		ch gross income and con			6b		123		
			expenses from Baming to			6c		_		
	d	Net incom	e or (loss) from gaming a		nts ∖ (add lines 6	ia and 6b a	nd subtract			
		line 6c) .	· · · \ · · · · · · · · · · · · · · · ·	3DFN, UI		, , .	•	•	6d	123
			es of inventory, less return	is and allowances		7a				
	b		of goods sold .			7b				
	С	•	fit or (loss) from sales of a	• •	line 7b from lin	e 7a) .			7с	0
	8		nue (describe in Schedu					_	8	
_	9		nue. Add lines 1, 2, 3, 4,				· ·		9	<u>155,917</u>
	10		d similar amounts paid (li						10	
	11		aid to or for members .				•	•	11	
Expenses	12		other compensation, and			•			12	
Š	13		nal fees and other payme						13	6,142
ğ	14	•	y, rent, utilities, and main			•	•	•	14	1,800
ŵ			ublications, postage, and						15	3,891
	16	Other exp	enses (describe in Sched	lule O)			•		16	6,892
_	17	Total exp	enses. Add lines 10 throu	<u>ugh 16 </u>	· · ·		<u> </u>		17	97,415
ষ	18		(deficit) for the year (Sub					•	18	58,502
Še	19		s or fund balances at beg			ın (A)) (mu	st agree with		احيت	
Net Assets			ar figure reported on prior					•	19	15,470
<u>e</u>	20		nges in net assets or fund						20	
	21	Net assets	s or fund balances at end	of year Combine	lines 18 throug	n 20		<u>.</u> ▶	21	73,972

Form 990-EZ (2010) Vermonters For A Clean Er				03-036	2871	Page 2
Part II Balance Sheets. (see the instructions for Check if the organization used Schedule O to		this Part II				
	, , ,		A) Begin	ning of year	Ι .	(B) End of year
22 Cash, savings, and investments		📑	, 5	15,470	22	73,972
23 Land and buildings					23	,
24 Other assets (describe in Schedule O) .					24	
25 Total assets				15,470		73,972
26 Total liabilities (describe in Schedule O)		· <u> </u>			26	
27 Net assets or fund balances (line 27 of column	n (B) must agree with line 2)		15,470	27	73,972
Part III Statement of Program Service Acco					(Dan)	Expenses
Check if the organization used Sched			ıs Paπ	···		ured for section (3) and 501(c)(4)
What is the organization's primary exempt purpose?					organ	izations and section
Describe what was achieved in carrying out the organization				scribe	4947(for oth	a)(1) trusts, optional
the services provided, the number of persons benefited, and	other relevant information for ea	ich program ti	tle		10, 00	
28 Through mailings, newspaper articles, television VCE educates the public on the preservation & c	coverage and public forums					
towns.	ouservation of the tutal sitial	!		• • • • • • • • • • • • • • • • • • • •		
(Grants \$) If this amou	int includes foreign grants, c	hack hara			00-	60.000
29					28a	63,633
23						
(Grants \$) If this amou	int includes foreign grants, c	heck here		•	29a	
30					_25a	
(Grants \$) If this amou	ınt includes foreign grants, c	heck here		▶ □	30a	
31 Other program services (describe in Schedule O)						
(Grants \$) If this amou				▶ □	31a	
32 Total program service expenses. (add lines 28	a through 31a)....			>	32	63,633
Part IV List of Officers, Directors, Trustees, and	d Key Employees. List each	one even if no	comper	sated (see	the ins	tructions for Part IV
Check if the organization used Schedule (to respond to any question	in this Part I	V	•		[
	(b) Title and average	(c) Comper	sation	(d) Contribut	ions to	(e) Expense
(a) Name and address	hours per week	(if not pa		employee benef	•	account and
Steve Burzon	devoted to position Title President	enter -0)	deferred comp	ensation	other allowances
1666 Tinmouth Road Danby VT 05739	Hr/WK 00	<u>, </u>	o			
Kathy Halford		' 	<u>~</u>			
Native i landid			ŀ		····	
3451 Hartshoro Road Wallingford VT 05773	Title V President		ار		<u></u>	
3451 Hartsboro Road Wallingford VT 05773 Bob Hartwell	Hr/WK 00)	0			
Bob Hartwell	Hr/WK 00					
Bob Hartwell PO Box 579 Manchester Ctr VT 05255	Hr/WK 00 Tritle Secretary Hr/WK 00		0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright	Hr/WK 00 Title Secretary Hr/WK 00 Title Treasurer)	0	-		
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757	Hr/WK 00 Tritle Secretary Hr/WK 00)		-		
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright	Hr/WK		0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet	Hr/WK 00 Title Secretary Hr/WK 00 Title Treasurer Hr/WK 00 Title Director		0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253	Hr/WK		0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod	Hr/WK		0	-		
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773	Hr/WK		0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel	Hr/WK		0 0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773	Hr/WK		0 0		3,363	
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith	Hr/WK		0 0 0		3,363	
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith 789 Baker Brook Road Danby VT 05739	Hr/WK		0 0 0		3,363	
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith 789 Baker Brook Road Danby VT 05739 Matt Levin	Hr/WK		0 0 0 0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith 789 Baker Brook Road Danby VT 05739 Matt Levin	Hr/WK		0 0 0 0			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith 789 Baker Brook Road Danby VT 05739 Matt Levin	Hr/WK		0 0 0 0 40,000 32,583			
Bob Hartwell PO Box 579 Manchester Ctr VT 05255 David Wright PO Box 1001 Middletown Springs VT 05757 Alex Faucet 2087 Dorset Hill Road East Dorset VT 05253 Steve Halfod 3451 Hartsboro Road Wallingford VT 05773 Adam Guettel 56 Bliss Road Tinmouth VT 05773 Annette Smith 789 Baker Brook Road Danby VT 05739 Matt Levin	Hr/WK		0 0 0 0 40,000 32,583			

.00

00

Hr/WK Title

Hr/WK

Form 9		03-03628	71	Page 3
L GIT	Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25	change on Schedule O (see instructions)	34		X ,
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	15	, , ,	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	£		
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a		2		<u> </u>
ь 38 а	Did the organization file Form 1120-POL for this year?	37b) , -	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> ~ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` </u>	X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		12.
39	Section 501(c)(7) organizations Enter		1 47	\$1.
а	Initiation fees and capital contributions included on line 9		50 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		< · · · ·	
	section 4911 ► None ; section 4912 ► None , section 4955 ► None	1 2		
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			لــــا
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		v
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	-	X
_	organization managers or disqualified persons during the year under sections 4912,	V. V.	Y. The same	
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
41	transaction? If "Yes," complete Form 8886-T	40e	l	<u> </u>
	——————————————————————————————————————	(000) (40.00	
42 a	The organization's books are in care of ► Annette Smith Telephone no. ►		46-20	94
h	Located at ► 789 Baker Brook Road City Danby ST VT ZIP + 4 ► 0 At any time during the calendar year, did the organization have an interest in or a signature or other authority	5739		
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	į	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	1.2. 7		3,4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		` "" *	 `
	and Financial Accounts.			E
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			►□
	and enter the amount of tax-exempt interest received or accrued during the tax year	I/A		لجسا
	<u></u>	<u></u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	**· ·	<u> </u>]
	completed instead of Form 990-EZ	44a	ļ	<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<u> </u>		
_	completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440	 	1.
_	explanation in Schedule O	44d	İ	X
			90-E	Z (2010)

, Form 9	، یو۔Ez (2010 <u>)</u> Vermonters For A Clean Environi	ment Inc		ОЗ	-03628	71	Page 4
1011110	Vermoners For A clear Environ	ment, me.		- 00	00020	Yes	No
45	Is any related organization a controlled entity of the	organization within the me	aning of section 51	2(b)(13)?	45		X
а	Did the organization receive any payment from or er	-	-		200		
	meaning of section 512(b)(13)? If "Yes," Form 990 a	·		*			2
	Form 990-EZ		· · · · · · · · ·		45a		Х
46	Did the organization engage, directly or indirectly, in	n political campaign activitie	es on behalf of or in	opposition			33
	to candidates for public office? If "Yes," complete S				46		X
Part	-						
	501(c)(3) organizations and section 4947		able trusts must a	nswer questions	47–49	9b	
	and 52, and complete the tables for lines		. C 1 - (I : D - 4)				_
	Check if the organization used Schedule	O to respond to any que	stion in this Part \	<u> </u>	•	г	ك
						Yes	No
47	Did the organization engage in lobbying activities?	•		· · · ·	47	Х	 _
48	Is the organization a school as described in section		•	Ε	48		X
49 a	Did the organization make any transfers to an exem If "Yes," was the related organization a section 527	•	rganization?		49a 49b		X
50	Complete this table for the organization's five higher	•	· · · · · · · · · · · · · · · · · · ·	 s directors truste	$\overline{}$	kev	
•	employees) who each received more than \$100,000		•			•	
		(b) Title and average hours per week	(c) Compensation	(d) Contributions to	(6	e) Expens	
	(a) Name and address of each employee paid more than \$100,000	devoted to position		employee benefit plans & deferred compensation		r allowa	
Name	None Str	Title					
City	Y ST ZIP H	tr/WK 00			<u> </u>		
Name		Title					
Cıty		tr/WK 00					
Name City		Title Ir/WK .00					
Name		Title			 		
City		Hr/WK 00					
Name		Title					
Crty		łr/WK 00					
f	Total number of other employees paid over \$100,00		<u></u>				
51	Complete this table for the organization's five higher			each received mo	re thai	า	
	\$100,000 of compensation from the organization. If				(5) 0-		
	(a) Name and address of each independent contractor page None Str	alo more than \$100,000	(b) type	e of service	(c) Co	mpensat	lon
City		ZIP					
Name							
City		ZIP					
Name	Str						
City	y ST_	ZIP					
Name							
Cıtı		ZIP					
Name		ZIP					
City	Total number of other independent contractors each		•				
52	Did the organization complete Schedule A? Note : A	_	zations and 4947(a)(1)			
	nonexempt charitable trusts must attach a complete			▶		es X	No
	penalties of perjury, I declare that I have examined this ret						
and b	elief, it is true, correct, and complete Declaration of prepare	er (other than officer) is based	on all information of v	which preparer has a	ny knov	wledge	
	I MAMUND DIWL	4		1 12 13 11	<u> </u>		
Sign	Signature of officer		·	Date			
Here		101					
	▼ Type or print name and title Print/Type preparer's name Preparer's	s signature Date	Check if	PTIN			
Paid	$\langle V\rangle$	المرأ المالية	self-		,		
Prepa	arer's Norman Favor	unduran 12/5	employed	L P01237317 Firm's EIN ► 20-04	48411C	<u> </u>	
Use (Primis liame Favor & Co Firm's address PO Box 1586, Manches	ster Center VT 05255			362-26		
N	the IPS discuss this return with the property shown a				√ V] No

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.

▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

√ern	<u>nonte</u>	rs For A Clea	n Environment,	Inc.						03-03	62871	
	rt I		_	arity Status (All org						struction	s	
The	o <u>rga</u> r		-	ation because it is (Fo		_		•	•			
1	닐			rches, or association o			ed in sec	tion 170((b)(1)(A)(i).		
2	닏	A school des	cribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)						
3		A hospital or	a cooperative h	nospital service organiz	zation des	scribed in	section	170(b)(1)	(A)(iii).			
4			search organiza me, city, and sta	ition operated in conju ate:	inction wit	h a hospi	tal descri	bed in se	ction 170	(b)(1)(A)(iii). Enter the	
5		-	•	the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental un	ıt described	
6	\Box	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	\Box			I in section 170(b)(1)(-	omplete F	Part II.)					
9		An organizat receipts from support from	tion that normall a activities relate gross investme	y receives. (1) more the to its exempt function to its exempt function that income and unrelated after June 30, 1975.	nan 33 1/3 ons—subj ted busine	3% of its s ect to cer ess taxabl	support fro tain exce _l le income	otions, an (less sec	nd (2) no rection 511	nore than	33 1/3% of it	
10		An organizat	ion organized a	nd operated exclusive	ly to test f	for public	safety So	ee sectio	n 509(a)(4).		
11 e		purposes of 509(a)(3). Cl a Type By checking persons other	one or more pul heck the box that I b this box, I certif	nd operated exclusive blicly supported organ at describes the type of Type II c for the type of type of the type of ty	izations d of supporti Type us not co	escribed ing organice III–Fund ntrolled de	in section zation an ctionally in irectly or i	509(a)(1 d comple ntegrated indirectly) or section te lines 1	on 509(a)(1e through d Tomore disconnection	(2) See secti h 11h ype III–Othel qualified	r
				,	. f 41	IDO that	- -			. 111		
f		_	zation received a , check this box	a written determınatıor 	n from the	IRS that	it is a Typ	el, Type	II, or Typ	e III supp	orting 	
g		Since Augus	t 17, 2006, has	the organization acce	pted any	gift or con	tribution t	from any	of the			
		following per									 -	
			•	or indirectly controls,		_		•	described	l ın (II)	Yes	No
				verning body of the supperson described in (i)							11g(i) 11g(ii)	_
		• •	•	y of a person describe	,				• •	•	11g(iii)	_
h				ation about the suppor						•		L
(i	•	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	rganization	(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amoun support	
					Yes	No	Yes	No	Yes	No		
(A)												
(B)					-					<u> </u>		0
(B)									ļ <u></u> -	ļ		0
(C)										ļ		0
(D)												0
(E)												0
Tota	al	_			1 3		**					0

Schedule A (Form 990 or 990-EZ) 2010 Vermonters For A Clean Environment, Inc Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	81,424	73,456	97,965	181,845	155,794	590,484
2	Tax revenues levied for the organization's	01,121	70,400	01,000	101,040	100,704	330,404
-	benefit and either paid to or expended on					ľ	
	its behalf.						0
3	The value of services or facilities						0
J	furnished by a governmental unit to the						
	organization without charge .						•
4	Total. Add lines 1 through 3	94 494	72.456	07.065	101 045	155.704	500.484
4		81,424	73,456	97,965	181,845	155,794	590,484
5	The portion of total contributions by each						
	person (other than a governmental unit					5 5 4 5 AP 1	
	or publicly supported organization)	13.75		1 × 11			
	included on line 1 that exceeds 2%		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	of the amount shown on line 11,						
_	column (f)	**************************************	CM 47.3534.	7 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 冷观镜线线().1.		382,661
6	Public support. Subtract line 5 from line 4	1	115121 1 5744	\$ 14.7 1 (1)	THE HOLDER	4.0	207,823
	ion B. Total Support		1	,	····		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	81,424	73,456	97,965	181,845	155,794	590,484
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on					ł	0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			2,014	90	123	2,227
11	Total support. Add lines 7 through 10	1. O. S. C. W.	2,0 × 1,020	. 703	1,272,111		592,711
12	Gross receipts from related activities, etc. (see instructions	s)			12	
13	First five years. If the Form 990 is for the co			rd, fourth, or fif	th tax vear as	a section 501(c)(3)
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			``´ .▶□
Sect	ion C. Computation of Public Support			·····			
14	Public support percentage for 2010 (line 6,		ded by line 11	column (f)	 	14	35 06%
15	Public support percentage for 2010 (life 6, Public support percentage from 2009 Sche			Column (1))		15	0 00%
16a				line 12 and lin			
IVa	and stop here . The organization qualifies a						
b	33 1/3% support test–2009. If the organization						. ►X
D							
	box and stop here. The organization qualif			-	• •		
17a	10%-facts-and-circumstances test-2010	•					
	is 10% or more, and if the organization med						
	Part IV how the organization meets the "fac		stances" test. T	he organizatioi	n qualifies as a	publicly suppo	rted
	organization			•			▶∐
b	10%-facts-and-circumstances test-2009						
	15 is 10% or more, and if the organization i						Explain in
	Part IV how the organization meets the "fac	cts-and-circums	stances" test T	he organizatioi	n qualifies as a	publicly	_
	supported organization						▶□
18	Private foundation. If the organization did	not check a bo	x on line 13. 10	6a, 16b, 17a o	r 17b. check th	is box and see	_
-	instructions						▶□
				· · ·		•	

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify ur	ider the tests	listed below,	please compl	ete Part II)			
	ion A. Public Support					т		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0	
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						0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0	
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						0	
c	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)						0	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9	Amounts from line 6	0	0	0	0	0	0	
10a	Gross income from interest, dividends, payments received on securities loans,		0	0	0	0	<u></u>	
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0	
c 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0	
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						0	
13	(Explain in Part IV) Total support. (Add lines 9, 10c, 11,						0	
14	and 12) First five years. If the Form 990 is for the organiz	ation's first, seco	0 nd, third, fourth,	<u> </u>		·	0	
	organization, check this box and stop here						<u> </u>	
Sec	tion C. Computation of Public Support							
15	Public support percentage for 2010 (line 8, column		e 13, column (f))		15	0 00%	
16	Public support percentage from 2009 Schedule A,					16	0 00%	
	tion D. Computation of Investment Inco					 		
17	Investment income percentage for 2010 (line 10c,			umn (f))		17	0 00%	
18	Investment income percentage from 2009 Schedu				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18	0 00%	
19a	33 1/3% support tests-2010. If the organization of not more than 33 1/3%, check this box and stop h						▶ [
b	33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and							
20	Inne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form	990 or 990-EZ) 2010	Vermonters	For A Clean En	vironment, Inc.		03-0362871	Page 4
Part IV	Supplemental	Information.	Complete this	s part to provide the	e explanations require s part for any addition	d by Part II, line	: 10,
	mod dodonoj.		 				
Part II, Line 10) - Sale of Water E	Books					
	••••						
				• • • • • • • • • • • • • • • • • • • •	•••••		
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					• • • • • • • • • • • • • • • • • • • •		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

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

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

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

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

		rganizations Complete Part III					
	e of organization				Employer	r identification numbe	r
	nonters For A Clean Envir					03-0362871	
		he organization is exempt und				rganization.	
1		the organization's direct and indirect	political campaig	n activities in Part	IV.		
	Political expenditures .				▶ \$		
3	Volunteer hours	• • • • •			•		
Pai	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).	-		
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955	▶ \$		
2	Enter the amount of any	excise tax incurred by organization i	managers under s	section 4955	▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this yea	ar?		. Yes	No
4a	Was a correction made?					Yes	No
b	If "Yes," describe in Part						
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(c), except secti	on 501(c)(3).	
1	Enter the amount directly	expended by the filing organization	for section 527 e	xempt function			
	activities				▶ \$		
2		filing organization's funds contributed	•				
	for section 527 exempt fu				. ▶ \$		-
3		penditures Add lines 1 and 2 Enter		·			
					▶ \$		<u>. </u>
4		n file Form 1120-POL for this year?				Yes	No
5		ses and employer identification num					
	the amount of political co	ents. For each organization listed, e ontributions received that were prom	nter the amount p	paid from the filing	organiza	ation's funds. Also en	ter
	as a separate segregate	d fund or a political action committee	e (PAC) If addition	nal space is need	ed, provid	de information in Part	ilV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received	
				funds If none, ent		promptly and directly	y
						delivered to a separa political organization	
						none, enter -0-	
/4\							
(1)					0		_ 0
(2)			·-				
\ - /					0		0
(3)							
• •				·	0		0
(4)					ار		_
				<u>-</u>	0		
(5)					o		^
<i>(</i> 0)		-		,-	Ť		
(6)				1	۸		_

Р	art II-A Complete if the organizati under section 501(h)).	on is exempt	under section 5	01(c)(3) and file	ed Form 5768 (elec	tion
Α	Check ▶☐ If the filing organization b	pelongs to an a	ffiliated group	····		
В	Check ▶ if the filing organization of	•	• .	trol" provisions a	nnly	
<u> </u>				tioi provisions a	'i	
	The term "expenditures" ו	bying Expendi		11	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence i		···-		Organization's totals	
b	Total lobbying expenditures to influence a		_	- /	~	0
C	Total lobbying expenditures (add lines 1a		• • •		0	0
d	Other exempt purpose expenditures .	rand 10)				0
e	Total exempt purpose expenditures (add	lines 1c and 1d)	· · · · · · · · · · · · · · · · · · ·	• • • •	0	0
f	Lobbying nontaxable amount Enter the a			hoth		0
•	columns.	intount nom the	Tollowing table in	DOUT	ا	0
	If the amount on line 1e, column (a) or (b) is	: The lobbyin	g nontaxable amou	ınt is:	754, 180 T278, 575	
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	s over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess			
	Over \$17,000,000	\$1,000,000				· iii w
g	Grassroots nontaxable amount (enter 25	% of line 1f).			0	0
h	Subtract line 1g from line 1a If zero or le	ss, enter -0			0	0
i	Subtract line 1f from line 1c If zero or les	s, enter -0-			0	0
j 	If there is an amount other than zero on e section 4911 tax for this year?		ine 1i, did the orga	anization file Form	4720 reporting [Yes No
	(Some organizations that i columns below	made a section v. See the instr	uctions for lines	lo not have to co 2a through 2f on	page 4.)	•
	Lobbyi	ng Expenditure	es During 4-Year	Averaging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					0
<u>с</u>	Total lobbying expenditures				. 0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures			1		

Schedule C (Form 990 or 990-EZ) 2010

		03-0362	871			_
	t II-B Complete if the organization is exempt under section 501(c)(3) and has No	OT filed	For	n 576		Page 3
	(election under section 501(h)).	 	a)		(b)	
		Yes	No	A	lmoun	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?	X	ļ <u>-</u>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	-			
d	Media advertisements?		X	 		
e	Publications, or published or broadcast statements?		x			
f	Grants to other organizations for lobbying purposes?		^			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	 ^ -	<u> </u>		7,507
h			X			7,007
i	Other activities? If "Yes," describe in Part IV		X	<u> </u>		
i	Total Add lines 1c through 1ı	- 3	, 34. , 13.			7,507
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			1,001
	If "Yes," enter the amount of any tax incurred under section 4912	1. (1)				··
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?				¥.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5)	, or s	ection	I	
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	1(c)(5)				No
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		`, `, ,,,			
	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a	<u> </u>		
b	Carryover from last year	•	2b			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		2c 3	 		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	S				
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line complete this part for any additional information					
	•••••					
			•		2	

veiii	ioniers for A Clean Environment, Inc.	03-0362871
	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
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SCHEDÜLE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

Vermonters For A Clean Environment, Inc.	03-0362871
Form 990-EZ Part I, Line 16 - See attached	

<u>Pa</u>	rt I, Line 16 (990-EZ) - Other Expenses		6,892
1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7 —	
8	Equipment rental and maintenance	8	
9	Interest	9 —	
10	Supplies	10	322
11	Telephone	11	1,934
12	Unrelated business income taxes	12	0
	Insurance	13	901
14	Payroll Taxes	14	3,076
	Bank Charges	15	24
	Education	16	309
17	Miscellaneous	17	326
18		18	
19		19	
20	7.617	20	
21		21	
22		22	
23		23	
24		24	
25		25	
26			
27		27	
28		28	