

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



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 private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

For the 2013 calendar year, or tax year beginning 8/1/2013 and ending 7/31/2014 B Check if applicable Name of organization D Employer Identification number Address change Vermonters For Clean Environment, Inc. Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite 03-0362871 Initial return F Telephone number 789 Baker Brook Road Terminated City or town State ZIP code (802) 446-2094 Amended return VT 05739 Danby Foreign country name F Group Exemption Application pending Foreign postal code Foreign province/state/county Number ▶ X Cash H Check ► I if the organization is Accounting Method Accrual Other (specify) Website: ► www vce org not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no) Form of organization X Corporation Trust Association Other Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 141,422 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) 6c c Less direct expenses from gaming and fundraising events Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract SCARPED JAN 0 8 2014 6d 0 line 6c) 7a Gross sales of inventory, less returns and allowances Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 141,422 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 114,462 13 13 32,130 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 3,938 15 Printing, publications, postage, and shipping 15 4.647 16 3,763 16 Other expenses (describe in Schedule O) 17 17 Total expenses. Add lines 10 through 16 158,940 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -17,518 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29,823 20 20 Other changes in net assets or fund balances (explain in Schedule O) 12,305 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

59

Form 990-EZ (2013)

	Balance Sheets. (see the instructions for Check if the organization used Schedule O to r		n this Part II			
				(A) Beginning of yea	7	(B) End of year
22	Cash, savings, and investments .		. [29,82	23 22	12,305
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	ļ
25	Total assets		·	29,82	23 25	12,305
26	Total liabilities (describe in Schedule O)	D)		20.00	26	12 205
27 • 2	Net assets or fund balances (line 27 of column (art III Statement of Program Service Accomplis				23 27	12,305 Expenses
ع ب	Check if the organization used Schedule O		·	Γ] (Re	equired for section
۸/h،		 			501	(c)(3) and 501(c)(4)
	at is the organization's primary exempt purpose? For is the organization's program service accomplish			m senuces	- 1 -	anizations and section (7(a)(1) trusts, optional
	neasured by expenses. In a clear and concise mann					others)
	sons benefited, and other relevant information for ea		provided, and me			
	Through mailings, newspaper articles, television co		<u> </u>			T
	VCE educates the public on the preservation and co	onservation of rural small			_	
	towns			. 	.	
	(Grants \$) If this amount	includes foreign grants,	check here	<u>▶</u>	288	120,939
29		· · · · · · · · · · · · · · · · · · ·		. .	-	
			· · · · · · · · · · · · · · · · · · ·	. 	-	
	(Constant)			· · · · · · · · · · · · · · · · · · ·	i	
20	(Grants \$) If this amount				298	<u>a </u>
30			· · · · · · · · · · · · · · · · · · ·		-	
	***************************************		· · · · · · · · · · · · · · · · · · ·		-	
	(Grants \$) If this amount	includes foreign grants,	check here	▶ [] 30a	
31	Other program services (describe in Schedule O)	moladoo foroligir granto,				*
•		includes foreign grants,	check here	▶ [] 318	a
32	Total program service expenses. (add lines 28a t	hrough 31a)		•	32	
	IT IV List of Officers, Directors, Trustees, and I	Key Employees (list each	one even if not co	mpensated - see th	e instru	ctions for Part IV)
	Check if the organization used Schedule O t			mpensated – see th	e instru	ctions for Part IV)
			n in this Part IV	(d) Health ber	efits	·
		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-N	(d) Health ber contributions employee benefit	efits to	(e) Estimated amount of other compensation
	Check if the organization used Schedule O t	o respond to any question (b) Average	(c) Reportable compensation	(d) Health ber contributions employee benefit	efits to plans,	(e) Estimated amount of
	Check if the organization used Schedule O t (a) Name and title ven Burzon	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
res	Check if the organization used Schedule O t (a) Name and title ven Burzon sident	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit	efits to plans,	(e) Estimated amount of
eres Sath	Check if the organization used Schedule O t (a) Name and title ven Burzon	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Pres Sath √P	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
eres Cath VP Stev	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford	o respond to any question (b) Average hours per week devoted to position Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Pres Kath VP Stev Sec	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Pres Kath VP Stev Sec Day	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary id Wright	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-W (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Pres Çath /P Stev Sec Day Trea	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary rid Wright asurer	o respond to any question (b) Average hours per week devoted to position Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-W (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Stev Sec Day Frea	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary iid Wright assurer k Fauchet	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Cres Cath VP Stev Sec Day Frea Nex Orre	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary rid Wright asurer	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Cath VP Stev Sec Day Frea Alex Dire	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Pres Cath VP Stev Sec Day Dire Ada Dire	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright assurer c Fauchet ector m Guettel	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of
Crest Sath Property of the Control o	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary iid Wright assurer x Fauchet ector m Guettel	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp	efits to plans,	(e) Estimated amount of other compensation
Pres Ye Stev Sec Day Trea Alex Dire Ann Exe	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary iid Wright assurer of Fauchet iector m Guettel ector ette Smith	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary id Wright assurer c Fauchet ictor m Guettel ector ette Smith cutive Director	(b) Average	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 40 00 Hr/WK 40 00 Hr/WK 40 00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation
Pres Sath /P Stev Sec Day Frea Alex Dire Ann Exe Mati	Check if the organization used Schedule O t (a) Name and title ven Burzon sident ny Halford ve Halford retary nd Wright asurer k Fauchet sector m Guettel sector lette Smith cutive Director t Levin	(b) Average hours per week devoted to position Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 50 Hr/WK 40 00 Hr/WK 40 00 Hr/WK 40 00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-N (if not paid, enter	(d) Health ber contributions employee benefit and deferred comp 0 0 0 0 0 0 0 0 0 0 0 0 0	efits to plans, ensalion	(e) Estimated amount of other compensation

Pan	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in t		rt V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	33		<u> </u>
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 change on Schedule O (see instructions)	34		×
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		 ^
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			
36				
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None	-		,
	Did the organization file Form 1120-POL for this year?	37b		X
38 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		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(a)/7) accomplete Schedule L, Part II and enter the total amount involved	-		!
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a	ļ .		
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39a 39b	┥ !		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
40 U	section 4911 ► None , section 4912 ► None , section 4955 ► None			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	ļ		ľ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	1 '		
	4955, and 4958 ► <u>None</u>	1		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	1		
	reimbursed by the organization None			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1 40-		,
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE - NOT REQUIRED	(000)	40.00	^4
42 a		(802) 4	146-20	94
	Located at ► 789 Baker Brook Road City Danby ST VT ZIP + 4 ► 057			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	42c		
С	At any time during the calendar year, did the organization maintain an office outside the U S?. If "Yes," enter the name of the foreign country	420		X
40				
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		V	l NI-
44.0	Did the assessmentian maintain any decree advised funds during the year? If "Veg " Form 000 must be		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	i	x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444		 ^-
b	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	···	<u> </u>	
~	explanation in Schedule O	44d	1	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b				
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u> </u>	X
		Form 9	90-E2	Z (2013)

Form 9	90-EŽ (201	3) Vermonters For Clean E	nvironment, Inc				(03-0362	871	Page 4
46	Did the	organization engage, directly or indirec	ctly, in political ca	mpaign a	ctivities on behal	f of or in op	position	Γ	Yes	No
Part	to candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI									
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Jud the organization make any transfers to an exempt non-charitable related organization? Jud the organization a section 527 organization? Somplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None"							X X			
	(a)	Name and title of each employee	(b) Average hours per we devoted to pos	ek	(c) Reportable compensation (Forms W-2/1099-MI	contribu	dealth benefits, utions to employee plans, and deferred empensation	1 ' '	nated amo	
Name Title Name			Hr/WK	00						
Title Name Title			Hr/WK	00						
Name Title Name			Hr/WK	00						
Title f 51	Total nu Complet	mber of other employees paid over \$1 te this table for the organization's five h 0 of compensation from the organizati	nighest compensa			ors who ead	ch received mo	ore than		
	_	(a) Name and business address of each independ	dent contractor		(b) Type of	service	(c) Compen	sation	
Name City Name City Name		Str ST Str ST	ZIP ZIP							
Name City		STStrST	ZIP ZIP							
	enalties of	perjury, I declare that I have examined this return, omplete Declaration of prepared (other than office	including accompanyii	ng schedule			my knowledge and	_==		<u>'-</u>
Sign Here		Signature of pfficer With, Ex Type or print name and little	cecutive S	Direc	da		Date 121	5/12	1	
•	oarer Only	Print/Type preparer's name Norman E Favor III Firm's name ► Favor & Co		unus	TOUR OM	Date 12/8/2014	self-employed Firm's EIN ▶20	-048411		
		Firm's address PO Box 1586, Manch iscuss this return with the preparer sho			ns)2) 362- ► X Y	2691 ′es	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.

4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Vermonters For Clean Environment, Inc. 03-0362871 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type i Type III—Functionally integrated d | Type III—Non-functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo and (iii) below, the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (ii) EIN (III) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary (i) Name of supported organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your US? (see instructions)) support? Yes No Yes No No Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2013 Vermonters For 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.)

Sect	ion A. Public Support	damy under t	ne teoto notee	bolow, pleas	e complete i	art m /	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(a) 2009	(6) 2010	(6) 2011	(0) 2012	(e) 2013	(I) TOTAL
1	Gifts, grants, contributions, and						
	membership fees received (Do not						.=
_	include any "unusual grants ")	181,845	155,794	194,286	199,969	141,422	873,316
2	Tax revenues levied for the organization's		ľ			ĺ	
	benefit and either paid to or expended on						•
_	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the		}		}	j	
	organization without charge .	104.045	455 704	404.000	400,000	144 400	0 0 0 0 0 0
4	Total. Add lines 1 through 3	181,845	155,794	194,286	199,969	141,422	873,316
5	The portion of total contributions by each					İ	
	person (other than a governmental unit						
	or publicly supported organization)				ĺ	Ĭ	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						412.071
6	column (f)						413,871 459,445
	Public support. Subtract line 5 from line 4 ion B. Total Support						459,445
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	181,845	155,794	194,286	199,969	141,422	873,316
8	Gross income from interest, dividends,	101,045	100,794	194,200	199,909	171,722	070,010
·	payments received on securities loans,		,		ł	}	
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV)	2,014	90	123			2,227
11	Total support. Add lines 7 through 10						875,543
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the oil			d, fourth, or fift	th tax year as a	section 501(c)(3)
	organization, check this box and stop here	_			-		▶ 🔲
Sect	ion C. Computation of Public Support	Percentage			 -		
14	Public support percentage for 2013 (line 6, o		ed by line 11, o	column (f))		14	52 48%
15	Public support percentage from 2012 Sched	ule A, Part II, I	ne 14			15	0 00%
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization ▶ ▼						
b	33 1/3% support test—2012. If the organization				and line 15 is 3	3 1/3% or more	e, check this
	box and stop here. The organization qualifie	es as a publicly	supported org	janization			▶ 📙
17a	10%-facts-and-circumstances test—2013	. If the organiza	ation did not ch	eck a box on li	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstanc	es" test, check	this box and s	top here. Expl	ain in
	Part IV how the organization meets the "fact	s-and-circumst	ances" test Th	ne organization	qualifies as a	publicly suppo	rted
	organization						▶ 🗌
b	10%-facts-and-circumstances test—2012	. If the organiza	ation did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization m	eets the "facts	-and-circumsta	inces" test, che	eck this box an	d stop here. E	Explain in
	Part IV how the organization meets the "fact	s-and-circumst	ances" test Th	ne organization	qualifies as a	publicly	
	supported organization						▶□
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check th	is box and see	_
	instructions						▶ 🔲

Page 2

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.)

Sec	tion A. Public Support	ider the tests	noted below,	product compr	ctc r dit ii j		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						0
•	unrelated trade or business under section 513			i			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	ļ				ļ	0
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						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						0
_	amount on line 13 for the year	0	0	0	0	0	0
8	Add lines 7a and 7b Public support (Subtract line 7c from						
	line 6)						0
	tion B. Total Support			<u>-</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	o	0	o	0	0	0
10a	Gross income from interest, dividends,		<u>, </u>				-
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
ь	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses acquired after June 30, 1975	İ		' I			0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			<u>_</u>			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	ol	0:	o	0	0	0
14	First five years If the Form 990 is for the organiza		nd, third, fourth,		s a section 501(
	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Support I						
15	Public support percentage for 2013 (line 8, column	•	e 13, column (f))	1		15	0.00%
16	Public support percentage from 2012 Schedule A, f					16	0 00%
	tion D. Computation of Investment Inco			(0)		47	0.00%
17 18	Investment income percentage for 2013 (line 10c, o		-	1111U (L))		17 18	0 00%
18 19a	Investment income percentage from 2012 Schedule 33 1/3% support tests—2013. If the organization of			and line 15 is mo	re than 33 1/3%		<u> </u>
ısa	not more than 33 1/3%, check this box and stop he						▶□
b	33 1/3% support tests—2012. If the organization of						
	line 18 is not more than 33 1/3%, check this box an						▶ 🔲
20	Private foundation If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶□

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).	Schedule A (Form 990 or 990-EZ) 2013 Vermonters For	Clean Environment, Inc		03-0362871	Page 4
and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part IV Supplemental Information, P	ovide the explanations	required by Part II, line 10, P	art II, line 17a oi	r 17b.
	and Part III, line 12, Also comp	ate this part for any add	litional information (See inst	ructions)	•
	and rait in, line 12 Also comp	te this part for any add	miorial information (occ inst	ructions _j .	
		·			
		. 			
	• • • • • • • • • • • • • • • • • • • •	· · - · - · - · - · - · - · · · · ·		· • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • •		 	
		·			
					.
				• • • • • • • • • • • • • • • • • • • •	
				 -	
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	·

					-
					·

- SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 35c (Proxy Tax), then

• 5	ection 501(c)(4), (5), or (6) or	rganizations Complete Part III					
Nam	e of organization			Er	mployer i	dentification numb	er
Vern	monters For Clean Enviror					03-0362871	
Pa	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a section	527 org	ganization.	
1	Provide a description of t	the organization's direct and indirect	political campaig	n activities in Part I\	/		
2	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 organization	ion 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	IV					
Pai	rt I-C Complete if t	he organization is exempt und	er section 501(c), except sectio	n 501(c	(3).	
1	Enter the amount directly activities	y expended by the filing organization	for section 527 e	xempt function	► €		
•		Eliza anno anticolo Espada annihisto	d to other oreen:-	ations.	~ • • • • • • • • • • • • • • • • • • •	·	
2	for section 527 exempt fu	filing organization's funds contributed unction activities	d to other organiz	ations	▶ \$		
3	•	penditures Add lines 1 and 2 Enter	here and on Forr	n 1120-POL,	. .		0
	line 17b	St. 5			▶ ⊅	Yes	∨ ∏ No
4		n file Form 1120-POL for this year?					
5		sses and employer identification num nents. For each organization listed, e					
		ontributions received that were prom					
		d fund or a political action committee					
	(a) Nama	(h) Address	(c) EIN	(d) Amount paid fro	.m	(e) Amount of polit	ucal
	(a) Name	(b) Address	(C) EIN	filing organization		contributions receive	
				funds If none, enter	-0-	promptly and direc	•
]				delivered to a sepa political organization	
						none, enter -0-	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

						Page ∠
P	art II-A Complete if the organiza under section 501(h)).	ition is exem	pt under section 5	01(c)(3) and filed	Form 5768 (elect	
Α	Check ▶ if the filing organization	•	member's			
	name, address, EIN, e	•			•	
В	Check ▶ if the filing organization	n checked bo	x A and "limited con	trol" provisions ap	ply	
	Limits on L	obbying Expe	enditures		(a) Filing	(b) Affiliated
	(The term "expenditures			d.)	organization's totals	group totals
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence		· ·	_	· · · · · · · · · · · · · · · · · · ·	0
c	Total lobbying expenditures (add lines	-	500) (65509)	•	0	0
d	Other exempt purpose expenditures			•		0
e	Total exempt purpose expenditures (ac	d lines 1c and	l 1d)		0	0
f				hoth		· · · · · ·
•	columns	c amount nom	the following table in	Dom		0
	If the amount on line 1e, column (a) or (b)	is The lob	bying nontaxable amou	unt is:		
	Not over \$500,000		the amount on line 1e	unt is.		
	Over \$500,000 but not over \$1,000,000		0 plus 15% of the exces	s over \$500 000		
	Over \$1,000,000 but not over \$1,500,000		0 plus 10% of the exces			
	Over \$1,500,000 but not over \$17,000,000		0 plus 5% of the excess			
	Over \$17,000,000	\$1,000.6				
g	Grassroots nontaxable amount (enter 2			<u></u>	0	0
h		•			o	0
i					0	0
i	If there is an amount other than zero or		or line 1; did the ora	anization file Form		
,	section 4911 tax for this year?	ir citrici iiric 11		arnzanori mo i orm		Yes No
	- Codion for tax for and year		.		<u>_</u>	
	(Some organizations that	it made a sec	ging Period Under So tion 501(h) election on enstructions for lines	do not have to com		
	Lobb	ying Expend	tures During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	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					

Schedule C (Form 990 or 990-EZ) 2013

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768		rage J
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)	
	· · · · · · · · · · · · · · · · · · ·	Yes	No	Ar	nount	:
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					
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	Х				
c d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
e f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				9,251
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		•			
j	Total Add lines 1c through 1i					9,251
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		X			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	:)(5),	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? Did the organization agree to carry over lobbying and political expenditures from the prior year?			2		
	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," O answered "Yes." Dues, assessments and similar amounts from members				line	3, is
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).		-			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total .		2c_			0
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Par						
Prov Part	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groull-B, line 1. Also, complete this part for any additional information. II-B Line 1 Expenses incurred are for the staff and consultants for research, grassroots.					
outre	ach and direct contact with the Vermont State legislature					
			. 			· ·
			- 			·
		-				

Verm	onters For Clean Environment, Inc orm 990 or 990-EZ) 2013	03-0362871
		Page 4
Part IV	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		
	•••••	
	•••••••••••••••••••••••••••••••••••••••	
•••••		
••••		
	•	
••••	•••••••••••••••••••••••••••••••••••••••	
		
-	•	

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990	rm 990 or 990-E2. 0-EZ) and its instructions is at <i>www.irs.</i> ;	Open to Public Inspection
Name of the organization			Employer identification number
Vermonters For Clear	Environment, Inc		03-0362871
Part I, Line 16 - Other	Expenses		
Directors insurance -	\$1,205		
Supplies - \$1,431			
Bank charges - \$513	•••••		
Education - \$423	•••••		
Miscellaneous - \$191			
	•		
			•
		••••	
	••••••		
		• • • • • • • • • • • • • • • • • • • •	