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)

2018

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

Α	For t	the 2018 calendar year, or tax year beginning		ing	8/1/2018 , and ending		7/31/2019				
В	Check if applicable C Name of organization  Address change Vermonters For A Clean F								lentification n	umber	
	Addres	ss change	Vermonters For A Clean E	nvironment, Inc				1			
	Name	change	Number and street (or PO box, if		street address)		Room/suite	1	0:	3-0362871	
	] Initial r	eturn	789 Baker Brook Road					E Tele			
	Final ret	um/terminated	City or town		State	ZIP cod	e	1			
	Amend	led return	Danby		VT	05739	) .	l	(80	2) 446-209	4
F	5	ation pending	Foreign country name	Foreign province			postal-code	F Gro		mption	
	,		1		•		こじょく	1	nber <b>&gt;</b>		
_							<u> </u>		_		
G		nting Method	X Cash Accrual	Other (specify)	<u> </u>		H	Check		if the organ	
1		ite: ► <u>www v</u>		<del></del>					•	o attach Sch 0-EZ, or 990	
<u>J</u>	Tax-exe	mpt status (chec	ck only one) — X 501(c)(3)	501(c) (	)◀ (insert no )	4947(a)(1)	or 527	(FOIII 8	<del></del>	U-EZ, 01 990	<i></i>
Κ	Form o	of organization	X Corporation	Trust	Association	Ot	her				
L	Add lin	es 5b. 6c. and	7b to line 9 to determine gros	s receipts If gross re	 eceipts are \$200.	 000 or more	e. or if total ass	sets			
			are \$500,000 or more, file Forn				, o		<b>▶</b> \$		128,875
P	art l		e, Expenses, and Chan			Balances	(see the in	struction		r Part I)	,
			the organization used S								X
_	1		ns, gifts, grants, and similar			<u>.                                    </u>		1	1		128,875
	2		rvice revenue including gov						2		120,070
	3	-	p dues and assessments	CHILICIT ICCS GIIG	Contracts				3		<del></del>
	4	Investment							4		
	5a		unt from sale of assets othe	r than inventory		5a		- }	-		
	b		or other basis and sales exp	•		5b					
	C		s) from sale of assets other		ibtract line 5b fi		2)		5c		0
i	<i>f</i> ) 6	•	d fundraising events	than inventory (or		0111 11110 00	-,	t			
!	ר כו	•	ne from gaming (attach Sch	edule Guf greater	than						
ne ne		\$15,000)	no nom gaming (attach out	oudio o ii giodioi	tion.	6a					
Revenue	Ž b	•	ne from fundraising events	(not including	\$		tributions				
ě	Ī.		ising events reported on line		ule G if the						,
			n gross income and contribu	, ,		6b			ŀ		
Г	) 4 ) C		expenses from gaming and			6c					
C	<sup>]</sup> d		or (loss) from gaming and f	_		nd 6b and	subtract				
•	7a b c	line 6c)		_	•		-		6d		0
ξ	7a	Gross sales	of inventory, less returns a	nd allowances		7 <u>a</u>					
5	5 b	Less cost o	of goods sold			7b		].			
Č	3 c	Gross profit	or (loss) from sales of invei	ntory (Subtract line	7b from line 7a	a)			7c		0
	8	Other reven	iue (describe in Schedule O	)				L	8		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c,	6d, 7c, and 8	•			<b>•</b>	9		128,87,5
	10		sımılar amounts paid (list in	Schedule O)	DEC	EIVE	5	L	10		
	11	•	d to or for members		REC		-70	-	11		
Expenses	12		her compensation, and emp		4	0 5 004	RS-OSC		12		111,573
SE	13		I fees and other payments t		ntragidrs DEC	0 5 201		L	13		1,980
ğ	14		rent, utilities, and maintena		0		K	L	14		1,800
Ш			blications, postage, and ship	•	000	SEN, L	JT I	<u> </u>	15		3,091
	16		nses (describe in Schedule		<u> </u>	Jon! Y			16		8,363
	17		ises. Add lines 10 through 1					•	17		126,807
र्द	18		deficit) for the year (Subtrac					L	18		2,068
se	19		or fund balances at beginning	- ,	e 27, column (A	(must a	gree with	-		ر دم د	
Net Assets	_	•	figure reported on prior year	•	•			L	19	*	17,644
ě	20	_	ges in net assets or fund bal		•		a 44 111		20	<del></del>	10 = 15
_	21	Net assets of	or fund balances at end of v	ear Combine lines	: 18 through 20		,	▶ [	21 i	-	19.712

Form 990-EZ (2018)

	990-EZ (2018) Vermonters For A Clean Envir			03-036	<u> 2871</u>	Page Z
Par	Balance Sheets. (see the instructions for	•	hio Davi II			
•	Check if the organization used Schedule O to re	espond to any question in t	·	·		
22	Cook savings and investments		(A)	Beginning of year 17,644	22	(B) End of year 19,712
22 23	Cash, savings, and investments  Land and buildings		<u></u>	17,044	23	19,712
24	Other assets (describe in Schedule O)	•	<del> </del>		24	<del></del>
25	Total assets			17,644	25	19,712
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column (B	) must agree with line 21)		17,644	27	19,712
Pa	rt III Statement of Program Service Accomplish	,			1	
	Check if the organization used Schedule O to				(Pa	Expenses guired for section
		Preservation & Conservation			501	(c)(3) and 501(c)(4)
	cribe the organization's program service accomplishm					anizations, optional others )
	neasured by expenses. In a clear and concise manne	· ·	ovided, the number o		1	•
	ons benefited, and other relevant information for each Through mailings, newspaper articles, television and			<del></del>	<del> </del> -	<del>                                     </del>
	educates the public on the preservation and conserv					
		includes foreign grants, cl	neck here	▶ □	28a	126,807
29						
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	(Grants \$ ) If this amount	includes foreign grants, cl	neck here	<u> </u>	29a	<del> </del>
30						1
-	(Grants \$ ) If this amount	includes foreign grants, cl	neck here	▶ 🗍	30a	
31	Other program services (describe in Schedule O)					1
_	(Grants \$ ) If this amount	includes foreign grants, cl	neck here	▶ □	31a	
	Total program service expenses. (add lines 28a thi			<u> </u>	32	126,807
Pai	t IV List of Officers, Directors, Trustees, and Ke			ted-see the instr	uction	ns for Part IV)
	Check if the organization used Schedule O to	respond to any question i		<del></del>		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	(d) Health benefits contributions to employee benefit pla and deferred compens	ns,	(e) Estimated amount of other compensation
	e Halford				ľ	
	ident	Hr/WK As Required	0		의	0
∖dar ⁄P	n Guettel	l As Damunad			ار	0
	y Halford	нг/мк As Required	0	<del></del> -	_0	0
	surer	Hr/wk As Required	0		اه	0
_	on Clark	Till Till Till Till Till Till Till Till			_ <del>`</del>	
	etary	нг/wк As Required	0		0	0
lenn	ıfer Baker					
Direc	ctor	Hr/WK As Required_	0		0	0
	l Irons					_
Direc		Hr/WK As Required	0	<del></del>	의	0
	ette Smith cutive Director	   Hr/WK	59,305		اه	0
	Brabant	Hr/WK 40 00			$\dashv$	
	ulatory Affairs Director	Hr/WK 40 00	45,000		ol	0
		Hr/WK				
						_
		Hr/WK				
		Hr/WK		<del></del> _		
					- 1	

Part IV (990-EZ) - List of Officers		Employer identificati	on number			
Vermonters For A Clean Environment, Inc		03-0362871				
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (i not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation		
	Hr/WK					
	Hr/WK					
	Hr/WK		ļ			
	Hr/WK		ļ			
	Hr/WK	<del>-</del>				
	Hr/WK					
	Hr/WK					
	Hr/WK					
	Hr/WK					
	Hr/WK					
	Hr/WK	<del> </del>				
	Hr/WK	_				
	Hr/WK			<u> </u>		
	Hr/WK	<del> </del>				
	Hr/WK					
	Hr/WK					
	Hr/WK					
	 Hr/WK					

P1003-0362871

	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	irt V .	
			Yes	No
33	Did the organization engage in any significant 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			
	change on Schedule O See instructions	34		X
35 ;				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	لـــــا	X
١	o 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		
(	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	}		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<b></b> _	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<del></del>		<del></del>
	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	30-		<del> -</del> -
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Section 501(c)(7) organizations Enter	$\dashv$ $\mid$		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			}
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
ŀ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1		
	excess benefit 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		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	_ [		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	_		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed ► NONE - NOT REQUIRED			
42 a	The organization's books are in care of ► Annette Smith Telephone no ►	(802) 4	46-209	94
	Located at ► 789 Baker Brook Road City Danby ST VT ZIP + 4 ► 05	739		
t	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		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	]		
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			_
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			
			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		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	T	[	
	completed instead of Form 990-EZ	44b		X
C	- · · · · · · · · · · · · · · · · · · ·	44c	<b></b>	Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 1	
	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		Х

			_				Yes	No
<b>46</b>	Did the organization engage, directly or	indirectly, in political campa	aign acti	vities on behalf of or i	n opposition			
· 	to candidates for public office? If "Yes,"	complete Schedule C, Part	1			46		X
Part	All section 501(c)(3) organiza 50 and 51	tions must answer ques		·	,	les for line	es	
	Check if the organization use	d Schedule O to respon	d to an	y question in this P	'art VI			
							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		501(h)	election in effect durir	ng the tax	47	х	
48	Is the organization a school as describe	d in section 170(b)(1)(A)(ii)	? If "Yes	s," complete Schedule	E	48		X
	Did the organization make any transfers	•	le relate	ed organization?		49a		_X_
þ	b If "Yes," was the related organization a section 527 organization?							L
50	Complete this table for the organization's			•		-		
	employees) who each received more that	an \$100,000 of compensati	on from	the organization If th	ere is none, enter "N	None "		
	(a) Name and title of each employee	(b) Average hours per week devoted to positi		(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		ated amo	
Name	None							
Title		Hr/WK	00					
Name								
Title		Hr/WK	00					
Name							-	
Titte		Hr/WK	00					
Name								
Title		Hr/WK	00					
Name								
Title		Hr/WK	00		<u></u>	_L		
	Total number of other employees paid ov			· · · · · · · · · · · · · · · · · · ·	<del></del>			
	Complete this table for the organization's	· · · · · · · · · · · · · · · · · · ·	-		each received mor	e than		
	\$100,000 of compensation from the org	anization If there is none,	enter "N	one "	<del></del>	<del></del>		
	(a) Name and business address of each			(b) Type of service	œ	(c) Compensa	tion	
	None s				Ì			
City				<del></del>				
Name	Si				ľ			
City								
Name		<u> </u>			Ì			
City				<del></del>	<del></del>			
Name City	S:							
Name	Si					·		
City	S.							
	Total number of other independent contra		\$100,00	00	•			
52	Did the organization complete Schedule completed Schedule A	•			a	▶ ☐ Ye	s X	No
	enalties of perjury, I declare that I have examined this rrect, and complete/Declaration of preparer (other tha					belief, it is		
	LAMON STORY	···						
Sign	Signature of officer	E . (1)	200	1	Date	i a		
Here	HUNGTH SMINN	Executive &	11/0	<del>70</del> 1	111181	<u> </u>		
	Type or print name and title			<del></del>	<del></del>			
		<del></del>		l Date				
Paid	Print/Type preparer's name	Preparer's signa			Check	If PTIN	_	
Paid Prepa	Print/Type preparer's name Norman E Favor III				23/2019 self-employe	P0123		
Prepa	Print/Type preparer's name  Norman E Favor III  Firm's name ► Favor & Co	Man	n Ge		23/2019 self-employe Firm's EIN ▶ 2	P0123 20-0484110		
Prepa Use (	Print/Type preparer's name  Norman E Favor III  Firm's name ► Favor & Co	Manchester Ctr , VT 05255	n G		23/2019 self-employe Firm's EIN ▶ 2	P0123	691	No

Form 990-EZ (2018)

Vermonters For A Clean Environment, Inc

03-0362871 Page **4** 

#### 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

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.

Vermor	nters For A Clean Environment, Ir	nc				03-03	62871	
Part I			ganizations must co	mplete t	his part)			
The org	panization is not a private foundate	•	•		•	•		
1 📙	A church, convention of church	ies, or association o	of churches described i	n section	170(b)(1)	(A)(i).		
2 _	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization hospital's name, city, and state	•	nction with a hospital o	described	ın section	170(b)(1)(A)(iii). Er	nter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit des	cribed in	
6								
7 🛚	<del>-</del>	eceives a substanti	al part of its support fro				ral public	
8	A community trust described in	· · · · · · · · · · · · · · · · · · ·	· ·	II )				
9	An agricultural research organi or university or a non-land-grai university	zation described in	section 170(b)(1)(A)(i)	() operate				
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain led business taxable in	exception come (les	ns, and (2) as section	no more than 33 1/3 511 tax) from busine	3% of its	
11 [	An organization organized and	operated exclusive	ly to test for public safe	ety See s	ection 509	9(a)(4).		
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	
а	Type I. A supporting organization(sorganization You must con	s) the power to regu	ilarly appoint or elect a					
b	Type II. A supporting organic control or management of the organization(s) You must control to the control of t	ne supporting organ	ization vested in the sa					
С	Type III functionally integr			n connect	tion with, a	and functionally integ	rated with,	
	its supported organization(s	) (see instructions)	You must complete F	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally in that is not functionally integree requirement (see instruction	ated The organizat	tion generally must sat	isfy a disti	ribution re	quirement and an at		
е	Check this box if the organize	zation received a wr	itten determination froi	m the IRS	that it is a		e III	
	functionally integrated, or Ty	•	illy integrated supporting	ng organiz	ation			
f	Enter the number of supported		:			•	· L	0
_ <u>g</u>	Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	—
,,	, wante of supported organization	(1) 2.11	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see	3
				Yes	No			
(A)			<del></del>					_
(B)								
(C)							<del></del>	_
(D)								
(E)					· <u>-</u>		-	
 Total			- 31, 5 FM	.1	14 1	0		0

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (a) 2014 (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) **(b)** 2015 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 116,697 128,406 158,077 100,812 128,875 632,867 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 158,077 128,875 Total. Add lines 1 through 3 116,697 128,406 100,812 632,867 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) 73,170 559,697 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 158<u>,</u>077 128,406 100,812 128,875 632,867 7 Amounts from line 4 116,697 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 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 VI). 632,867 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88 44% 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. 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—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018 03-0362871 Page 3 Vermonters For A Clean Environment, Inc. 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) Section A. Public Support **(e)**,2018 (d) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 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 0 or 1% of the amount on line 13 for the year 0 0 0 c Add lines 7a and 7b 0 Public support (Subtract line 7c from line 6 ) 0 Section B. Total Support (a) 2014 (b) 2015 (f) Total (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) 0 0 0 0 ol 0 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 c Add lines 10a and 10b 0 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). Total support. (Add lines 9, 10c, 1/1, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 0 00% 16 Public support percentage from 2017 Schedule A, Part III, line 15 0 00% Section D. Computation of Investment Income Percentage 17 0 00% Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income/percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support/tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is

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

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

20

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

03-0362871

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	<u> Paπ V.)</u>		
Sec	tion A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1	}	l
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	2		
3a				
	(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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used	ŀ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a		-		
	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 amondment to the organizing document)	_5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- <u></u> -		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	·		
	anyone other than (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 Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	<del></del>		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	$\longrightarrow$	
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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		j	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<del></del>		
	supporting organizations)? If "Yes," answer 10b below	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1 1	- 1	

determine whether the organization had excess business holdings )

10b

trustees of each of the supported organizations? Provide details in Part VI.

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

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ig trus	t on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nızatıc	ons must complete Sections	A through E
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting of	organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)				
Section	on D - Distributions			Current Year			
_ 1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ations					
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	Total annual distributions. Add lines 1 through 6			0			
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2018 from Section C, line 6		<del></del>	0			
10	Line 8 amount divided by line 9 amount			0 000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_ 1	Distributable amount for 2018 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required—explain in Part VI) See	}					
	ınstructions	-va-					
3	Excess distributions carryover, if any, to 2018						
_ <u>a</u>	From 2013						
_ <u> </u>	From 2014						
с	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e	0					
_ <u>g</u>	Applied to underdistributions of prior years		0				
_ <u>h</u>	Applied to 2018 distributable amount			0			
_ <u>i</u>	Carryover from 2013 not applied (see instructions)			<u>.</u>			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	0					
4	Distributions for 2018 from						
	Section D, line 7 \$ 0						
	Applied to underdistributions of prior years		0				
	Applied to 2018 distributable amount		<del></del>	0			
	Remainder Subtract lines 4a and 4b from 4	0					
5	Remaining underdistributions for years prior to 2018, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions.		0				
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions			0			
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c	0		<del></del>			
8	Breakdown of line 7						
<u>a</u> _	Excess from 2014 0						
<u>b</u> _	Excess from 2015 0						
<u> </u>	Excess from 2016 0		<u></u>				
d	Excess from 2017 0						
е	Excess from 20180						

Schedule A (Fo	orm 990 or 990-EZ) 2018	Vermonters For A Clean Environment, Inc	03-0362871	Page 8
Pårt VI		mation. Provide the explanations required by Part II, line 10, Part II, line 17a		
		ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV		
		t IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line		
		ne 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V	v, section E,	
	lines 2, 5, and 6 Als	o complete this part for any additional information. (See instructions.)	<del></del>	
			~	
		•••		
	····			
·				
~- <b></b>				
<del></del>				
<b>-</b>				
			•	
·				
·				
				•
				•
·				
		•		

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

## **Political Campaign and Lobbying Activities**

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

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

2018

Open to Public Inspection

**Employer identification number** 

03-0362871

Department of the Treasury Internal Revenue Service

Name of organization

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Vermonters For A Clean Environment, Inc.

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

	rt I-A Complete if t	<u>the organization is exempt unc</u>	tel section son	(c) or is a section <u>527</u> (	organization <u>.</u>		
1	Provide a description of t	he organization's direct and indirect p	oolitical campaign	activities in Part IV (see ins	structions for		
	definition of "political carr	npaign activities")					
2		y expenditures (see instructions)		▶ \$			
3		cal campaign activities (see instructio		·			
Pa		the organization is exempt und					
1	Enter the amount of any	excise tax incurred by the organization	on under section 49	<b>9</b> 55 <b>▶</b> \$			
2	Enter the amount of any	excise tax incurred by organization m	anagers under se		····		
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	>	Yes No		
4a	Was a correction made?			•	Yes No		
b	If "Yes," describe in Part	IV					
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	c), except section 501	(c)(3).		
1	Enter the amount directly	expended by the filing organization f	for section 527 exe	empt function			
	activities			▶ \$			
2	Enter the amount of the f	iling organization's funds contributed	to other organizati	ons for section			
	527 exempt function activ	vities		▶ \$			
3	•	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,			
	line 17b	•		▶ \$	0		
4		file Form 1120-POL for this year?	•		Yes No		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing						
9							
•	organization made payme	ents. For each organization listed, en	ter the amount par	d from the filing organization	n's funds Also enter		
•	organization made payme the amount of political co	ents. For each organization listed, en ntributions received that were prompt	ter the amount par tly and directly deli	d from the filing organization vered to a separate political care.	n's funds Also enter Il organization, such		
	organization made payme the amount of political co	ents. For each organization listed, en	ter the amount par tly and directly deli	d from the filing organization vered to a separate political care.	n's funds Also enter Il organization, such		
	organization made payme the amount of political co	ents. For each organization listed, en ntributions received that were prompt	ter the amount par tly and directly deli	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from	n's funds Also enter il organization, such information in Part IV  (e) Amount of political		
	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly		
	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate		
	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly		
	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1) (2) (3) (4)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt if fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt of fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		
(1) (2) (3) (4)	organization made payme the amount of political co as a separate segregated	ents For each organization listed, en ntributions received that were prompt if fund or a political action committee (b) Address	ter the amount par tly and directly deli (PAC) If additiona	d from the filing organization vered to a separate political space is needed, provide  (d) Amount paid from filing organization's	n's funds Also enter il organization, such information in Part IV  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if		

Scn	edule C (Form 990 or 990-EZ) 2018						Page 2
P	art II-A Complete if the organiz	zation is	exempt	under section	501(c)(3) and file	d Form 5768 (elec	tion
	under section 501(h)).						<del></del>
Α	Check ▶ ☐ If the filing organization	on belong	gs to an a	affiliated group (a	and list in Part IV	each affiliated grou	ıp member's
	name, address, EIN,						
В	Check ▶ ☐ If the filing organization	•				-	
_	Limits on					<del>'                                    </del>	(b) Affiliated
	(The term "expenditure				.)	(a) Filing organization's totals	group totals
1a	Total lobbying expenditures to influence			<u> </u>	<del></del>	<del>                                     </del>	0
b	Total lobbying expenditures to influence						0
c	Total lobbying expenditures (add lines	_	•	(=,,,		0	0
d	Other exempt purpose expenditures		,				0
e	Total exempt purpose expenditures (ac	d lines 1c	and 1d)			0	0
f	Lobbying nontaxable amount Enter the		-	ollowing table in ho	nth		<del></del>
•	columns	o annount i	nom are n	showing table in be			0
١	If the amount on line 1e, column (a) or (l	h) is: T	he lobbyir	ng nontaxable amo	unt is:		
ŀ	Not over \$500,000			mount on line 1e	one is.	1	
ŀ	Over \$500,000 but not over \$1,000,000			us 15% of the exces	s over \$500,000		
ı	Over \$1,000,000 but not over \$1,500,000			us 10% of the exces		i i	
l	Over \$1,500,000 but not over \$17,000,000			us 5% of the excess			
1	Over \$17,000,000		1,000,000	<u> </u>	3,3, 4,1,3,3,1,3,1,3,1,3,1,3,1,3,1,3,1,3,1,3,	1	
g	Grassroots nontaxable amount (enter 2		<del></del>			0	0
h	Subtract line 1g from line 1a If zero or		•			0	0
i	Subtract line 1f from line 1c If zero or I					0	0
i	If there is an amount other than zero or	•		e 1) did the organ	ization file Form 473		
,	section 4911 tax for this year?	ii Ciaici iiii	C 111 OI 1111	e ii, ala ale organ	Lation me i omi 472		Yes No
	occion to the day for this year	4 //		Davie d Haden Co			0010
	(C			Period Under Se		of the five columns	halassi
	(Some organizations that made				-	of the five columns	below.
	56	ee tne sep	parate ins	tructions for lines	s za through zf.)		
_	Lol	bbying Ex	penditure	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year	(a) 2	2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)				1		
		ļ			<del>                                       </del>	<del> </del>	
2a	Lobbying nontaxable amount					o	0
b	Lobbying ceiling amount						^
—	(150% of line 2a, column(e))	<del> </del>				<del> </del>	0
c	Total lobbying expenditures					0	0
d	Grassroots nontaxable amount					c	0
е	Grassroots ceiling amount (150% of line 2d, column (e))						0
f	Grassroots lobbying expenditures					0	0

Schedule C (Form 990 or 990-EZ) 2018

Pai	111-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	l Fori	m 5768 ———	3	_
For each "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed description of the lobbying activity.		<u> </u>	a)		(b)	
		Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state, or local	T				
	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)?	<u></u>				
С	Media advertisements?	<u> </u>				
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	X		<u></u>		0.45
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<del>  ^-</del>				2,450
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	<b> </b>				
	Total Add lines 1c through 1i					2,450
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b> </b>				2,40
b	If "Yes," enter the amount of any tax incurred under section 4912	<b>-</b>				
c	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?	]				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	or s	ection		
	501(c)(6).					
		<u>-</u>	-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		ــــــ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y			3		<u> </u>
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
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			
b	Carryover from last year	l	2b 2c			—,
с 3		j	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		-			_
•	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)	Ì	5			
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 group	list), P	art II-	A, lines	1 and	<u> </u>
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					
		<b>-</b>	<b>-</b>	·		<b></b>
			- <b></b>			
<b>-</b>						
	· · · · · · · · · · · · · · · · · · ·					
<b>-</b>	•		·			

Verm	03-0362871	
	990 or 990-EZ) 2018	Page <b>4</b>
Part IV	Supplemental Information (continued)	
*		
<i>-</i>		
t		
	······································	
		·

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

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Vermonters For A Clean Environment, Inc	03-0362871
•	
Part I - Line 16 Other Expenses	
Telephone - \$2,538	
Office Functions   #0.700	
Office Expenses - \$2,763	
Supplies - \$1,518	
Supplies - \$1,516	
Education - \$906	
. 1	
Other - \$638	
· ·	
, .	
	•••••••••••