Return of Organization Exempt From Income Tax

2016

DLN: 93493319117607 OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasur Open to Public ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 **C** Name of organization D Employer identification number B Check if applicable Vermont Public Interest Research Group Inc ☐ Address change 03-0228267 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 141 Main Street (802) 223-5221 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Montpelier, VT  $\,$  05602  $\,$ **G** Gross receipts \$ 1,383,637 Name and address of principal officer H(a) Is this a group return for PAUL BURNS ☐Yes **☑**No subordinates? 141 Main St 6 H(b) Are all subordinates Montpelier, VT ☐ Yes ☐No included? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( 4 ) ◀ (insert no ) **H(c)** Group exemption number ▶ Website: ► www vpirg org L Year of formation 1972 M State of legal domicile VT Summary 1 Briefly describe the organization's mission or most significant activities Founded in 1972, the Vermont Public Interest Research Group (VPIRG) is the largest nonprofit consumer and environmental advocacy organization in Vermont, with over 55,000 members and supporters. In 1975, the Vermont Public Interest Research and Education Fund Activities & Governance (VPIREF) was established as VPIRG's 501(c)(3) outreach and education arm See Page 2 for additional information on VPIRG's mission Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 151 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,381,393 1,377,144 Program service revenue (Part VIII, line 2g) . O 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,327 1,739 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,913 2,450 1,385,633 1,381,333 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 500,000 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 484,011 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 540,239 16a Professional fundraising fees (Part IX, column (A), line 11e) . 9,657 6.488 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶297,211 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 180,328 154,701 645,200 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,230,224 736,133 Revenue less expenses Subtract line 18 from line 12 . 155,409 Net Assets or Fund Balances Beginning of Current Year End of Year 814,293 1,564,130 20 Total assets (Part X, line 16) . 54,051 21 Total liabilities (Part X, line 26) . 40,347

Signature Block

Signature of officer

PAUL BURNS EXECUTIVE DIRECTOR Type or print name and title

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Paid
Preparer
Llea Only

Sian Here

Paid	Print/Type preparer's name WILLIAM S HUCKABAY CPA	Preparer's signature WILLIAM S HUCKABAY CPA	Date	Check I if self-employed	PTIN			
Preparer	Firm's name Tapia & Huckabay	Firm's name Tapia & Huckabay PC						
Use Only	Firm's address ► PO Box 38			Phone no (802	) 870-7086			
	Vergennes, VT 0	5491						
May the IRS d	iscuss this return with the preparer	shown above? (see instructions) .			. ☑Yes ☐No			

Net assets or fund balances Subtract line 21 from line 20

2017-11-14

773,946

1,510,079

	1 990 (2016)					Page <b>2</b>			
Par	t IIII Statement	t of Program Service	e Accomplis	hments					
	Check if Scho	edule O contains a respor	nse or note to a	nny line in this Part III .		🗹			
1	Briefly describe the	organization's mission							
Foun	ded in 1972, the Verr	mont Public Interest Rese	arch Group						
2	Did the organization	n undertake any significar	nt program serv	rices during the year which	ch were not listed on				
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No			
	If "Yes," describe th	ese new services on Sche	edule O						
3	Did the organization	n cease conducting, or ma	ake significant o	changes in how it conduc	ts, any program				
	services?					🗌 Yes 🗹 No			
	If "Yes," describe these changes on Schedule O								
4	Section 501(c)(3) a		ns are required	to report the amount of	rgest program services, as measure grants and allocations to others, the				
4a	(Code	) (Expenses \$	160,090	including grants of \$	) (Revenue \$	)			
	See Additional Data								
4b	(Code	) (Expenses \$	13,744	ıncludıng grants of \$	) (Revenue \$	)			
4b	(Code See Additional Data	) (Expenses \$	13,744	including grants of \$	) (Revenue \$	)			
4b 4c	`	) (Expenses \$ ) (Expenses \$	13,744 8,710	including grants of \$ including grants of \$	) (Revenue \$ ) (Revenue \$	)			
	See Additional Data		,			, 			
	See Additional Data (Code		,			, 			
	(Code See Additional Data	) (Expenses \$ ) (Expenses \$ e Environmental Health, Envir	8,710	including grants of \$ including grants of \$	) (Revenue \$	)			
	(Code See Additional Data  (Code See Additional Data  (Code Other programs include Zero Waste, Health Car	) (Expenses \$ ) (Expenses \$ e Environmental Health, Envir	8,710 70,140 ronment and Zero	including grants of \$ including grants of \$	) (Revenue \$ ) (Revenue \$	)			
4c	(Code See Additional Data  (Code See Additional Data  (Code Other programs include Zero Waste, Health Car	) (Expenses \$  ) (Expenses \$ e Environmental Health, Envir re Reform	8,710 70,140 ronment and Zero	including grants of \$ including grants of \$ Waste, Health Care Reform	) (Revenue \$ ) (Revenue \$	)			

Section 501(c)(3) organizations.

rt IV Checklist of Required Schedules		
Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complet Schedule A	1	

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Yes

2

3

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

No No

Page 3

No No

4 Yes

Yes

Yes

Yes

Nο

No

Νo

Nο

No

No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

Form **990** (2016)

No No No

or X as applicable

No

Nο

Nο

Nο

Νo

Νo

Nο

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Yes

Page 4

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

instructions for applicable filing thresholds, conditions, and exceptions)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. 

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14	_		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	<u>'</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	<u>↓</u> 2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
·	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s <b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	134		
С	Enter the amount of reserves on hand			
		٦ ـ ۵ ـ		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		INO

-orm	990 (2016)						Page <b>6</b>
Pai	8a,	ernance, Management, and DisclosureFor each "Yes" response to lines 2 th 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	_
		ck if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction A. C	Governing Body and Management					
<b>1</b> a	Enter the	number of voting members of the governing body at the end of the tax year	1a	14		Yes	No_
	body, or if	e material differences in voting rights among members of the governing the governing body delegated broad authority to an executive committee or nmittee, explain in Schedule O					
b	Enter the	number of voting members included in line 1a, above, who are independent	1b	14			
2		ficer, director, trustee, or key employee have a family relationship or a busines ector, trustee, or key employee?	s rela	tionship with any other	2		No
3		ganization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other p			3		No
4	Did the or	ganization make any significant changes to its governing documents since the p	orior F	form 990 was filed?	4		No
5	Did the or	ganization become aware during the year of a significant diversion of the organ	ızatıoı	n's assets?	5		No
6	Did the or	ganization have members or stockholders?			6	Yes	
7a		ganization have members, stockholders, or other persons who had the power to	o elect	t or appoint one or more	7a	Yes	
b		overnance decisions of the organization reserved to (or subject to approval by) her than the governing body?		pers, stockholders, or	<b>7</b> b	Yes	
8	Did the or	ganization contemporaneously document the meetings held or written actions u	undert	aken during the year by			
а	The gover	ning body?			8a	Yes	
b	Each comr	nittee with authority to act on behalf of the governing body?			8b	Yes	
9		ny officer, director, trustee, or key employee listed in Part VII, Section A, who com's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se		Policies (This Section B requests information about policies not requi			e Code	≘.)	
						Yes	No
10a	Did the or	ganization have local chapters, branches, or affiliates?			10a		No
b		d the organization have written policies and procedures governing the activitienes to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the or form?	ganization provided a complete copy of this Form 990 to all members of its gov	ernın.	g body before filing the	11a	Yes	
b	Describe ii	Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the or	ganization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were offic	ers, directors, or trustees, and key employees required to disclose annually into	erests	that could give rise to			
c	conflicts?	ganization regularly and consistently monitor and enforce compliance with the	 policy	If "Yes." describe in	12b	Yes	
	Schedule (	O how this was done	•		12c	Yes	
13	Did the or	ganization have a written whistleblower policy?			13		No
14	Did the or	ganization have a written document retention and destruction policy?			14	Yes	
15	Did the property of the persons, of	ocess for determining compensation of the following persons include a review a omparability data, and contemporaneous substantiation of the deliberation and	ind ap I decis	proval by independent ion?			
а	The organ	zation's CEO, Executive Director, or top management official			15a	Yes	
b	Other offic	ers or key employees of the organization			15b	Yes	
	If "Yes" to	line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ganization invest in, contribute assets to, or participate in a joint venture or sin tity during the year?	nılar a •	rrangement with a	16a		No
b	ın joint ve	d the organization follow a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and take steps to safeguan n respect to such arrangements?	ard the		16b		
C.	ction C	Disclosure			00		
17		ates with which a copy of this Form 990 is required to be filed					
18	Section 61	04 requires an organization to make its Form 1023 (or 1024 if applicable), 990 or public inspection. Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)			
		vebsite $\square$ Another's website $ abla$ Upon request $\square$ Other (explain in Sci	•	- O)			
19	Describe ii	n Schedule O whether (and if so, how) the organization made its governing doc I financial statements available to the public during the tax year		•			
20	State the	name, address, and telephone number of the person who possesses the organia RNS 141 Main St 6 Montpelier, VT 05602 (802) 223-5221	zation	's books and records			
							0 (2016)

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual to director MISC) MISC) organizations related lighest compensated nstitutional Trustee below dotted employ organizations 灵 line) trustee 8 2 00 (1) RICHARD WATTS Х 0 President 2 00 (2) CHRIS MILLER Х Χ 0 Vice-President 2 00 (3) DORI WOLFE Χ 2 00 (4) CREA LINTILHAC Χ 0 Secretary 1 00 (5) MARK FLOEGEL Х 0 1 00 (6) BARBARINA HEYERDAHL ..... 1 00 (7) DREW HUDSON 0 0 Trustee 1 00 Х 0 (9) BIFF MITHOEFER 1.00 1 00 (10) ASHLEY ORGAIN 0 Trustee 1 00 (11) DUANE PETERSON Х 0 1 00 (12) MATTHEW RUBIN Trustee 1 00 (13) MIKE SCOLLINS 0 Trustee 1 00 (14) JANE STROMBERG Х 0 11 (15) PAUL BURNS 25,093 69,722 7,728 Executive Director

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

	TATE OCCUPANTAL CHILDREN OF BRICE	10.10, 11.401000	<del>,, -</del>		-,-						d Linpioyees (		.,,		
	<b>(A)</b> Name and Tıtle	(B) Average hours per week (list any hours		ne bo	ox, u n of	t che unles ficer	ss pers	son	Repo compe fror organiza	D) ortable ensation m the ation (W-	(E) Reportable compensation from related organizations (V				
		for related organizations	er de	2/1099-MISC) 2/1099-MISC				2/1099-MISC)		organization and related					
		below dotted line)	Individual trustee or director	Institutional Trust⊭	€	key employee	Highest compensatemployee	mer				organizations			
			I trus	nal Tr		oyee  -	dtuo								
			្ស	นะบุรก			⊕nsat•								
							<u> </u>								
-															
41-6	Sub-Total														
	Fotal from continuation sheets to Pa		n A .				<b>&gt;</b>								
							<b>&gt;</b>			25,093	69,722	2		7,728	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived moi	re than \$1	00,000				
		-											Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mplo •		or hi	ghest con	npensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization:										n the				
	individual		• •	•	•	•	• •				[	4		No	
5	Did any person listed on line 1a receive services rendered to the organization									tion or indi	vidual for	5		No	
Se	ection B. Independent Contract	ors											1		
1	Complete this table for your five high- from the organization Report comper	est compensate										pens	ation		
	Name a	(A) and business addre	255							Desc	(B) ription of services		(C) Compen		
												$\dashv$			
						_									
l												_			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part	VI.	II Statement of	Revenue						
		Check if Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from
							function revenue	revenue	tax under sections 512-514
ω <i>8</i>	18	a Federated campaig	ns	1a		ı		1	
Contributions, Giffs, Grants and Other Similar Amounts		<b>b</b> Membership dues		<b>1</b> b	366,800				
· Gr		<b>c</b> Fundraising events		<b>1</b> c					
iffs. ar A		<b>d</b> Related organizatio		1d					
s, G m:i		e Government grants (co		1e					
ion I Si	1	f All other contributions, and similar amounts in above	, gifts, grants, ot included	1f	1,010,344				
ibut		g Noncash contribution	ons included						
a di		ın lınes 1a-1f \$							
S E	بل	Total.Add lines 1a-1	lf			1,377,144			
n.e	2a				Business	s Code			
E Ve				-					
Service Revenue	b			_					
žer vi	d	 		_					
E C	е	,							
Program	f	All other program se	rvice revenue						
4	g	Total.Add lines 2a-2f	f	•	<u> </u>		1		
		Investment income (ii similar amounts)  .			nterest, and other	1,739			1,739
	4	Income from investme	ent of tax-exe	mpt be	ond proceeds	•			
	5	Royalties				•			
	6a	Gross rents	(ı) Rea		(II) Personal	$\dashv$			
				2,880					
	t	Less rental expenses		2,304					
	c	Rental income or (loss)		576					
	c	Net rental income o	r (loss)		🛌	_    576			576
			(ı) Securit	ies	(II) Other				
	7a	Gross amount from sales of							
		assets other than inventory							
	Ŀ	Less cost or				-			
		other basis and sales expenses							
		Gain or (loss) Net gain or (loss)				_			
		Gross income from f	undraising ev		<u> </u>				
ne		(not including \$ contributions reporte		of					
Other Revenue		See Part IV, line 18		a	}				
Re		Less direct expense		b					
thei		: Net income or (loss) I Gross income from g			ents •	1		+	+
Ò		See Part IV, line 19			]				
	Ŀ	Less direct expense	s	a b		$\dashv$			
		: Net income or (loss)			les ▶				
	10	Gross sales of invent returns and allowand	tory, less						
		returns and anoward	.63	а	]				
	Ŀ	Less cost of goods s	sold	b					
	•	Net income or (loss)		invent					
	11	Miscellaneous • <b>a</b> Other Income	Revenue		Business Code 90009				1,874
		other Income							1
	b	,							
	c	:							
		All other revenue .							
		Total. Add lines 11a			•	1,874			
	12	<b>? Total revenue.</b> See	Instructions	• •		1,381,333			4,189
									Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	26,013	21,842	2,065	2,106
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	388,996	147,675	52,238	189,083
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,721	1,815	846	1,060
9 Other employee benefits	27,419	11,152	7,871	8,396
<b>10</b> Payroll taxes	37,862	15,321	4,766	17,775
11 Fees for services (non-employees)				
a Management	0	0	0	0
<b>b</b> Legal	2,797	892	84	1,821
c Accounting	6,848	1,927	2,597	2,324
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	6,488			6,488
<b>f</b> Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,288	2,052	668	1,568
12 Advertising and promotion	1,533	382	712	439
13 Office expenses	9,060	3,450	2,231	3,379
14 Information technology	19,144	7,288	5,543	6,313
15 Royalties	0	0	0	0
<b>16</b> Occupancy	20,590	9,113	3,553	7,924
17 Travel	35,733	10,337	386	25,010
18 Payments of travel or entertainment expenses for any	0	0	0	0

3,593

13,582

5,062

4,367

300

20,547

7,257

645,200

0

0

897

0

0

0

186

4,792

4,812

252,684

6,681

2,070

312

0

0

3,211

4,367

32

2,124

1,389

95,305

310

0

0

0

82

13,631

1,056

297,211

Form 990 (2016)

2,384

3,690

2,682

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

c Newsletter & publications

a Bank & credit card fees

b Dues & subscriptions

d Miscellaneous

e All other expenses

**20** Interest . . .

23 Insurance . . .

					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			113,550	1	146,133
	2	Savings and temporary cash investments .		[	214,236	2	224,332
	3	Pledges and grants receivable, net		. [		3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5			
ıts	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L  Notes and loans receivable, net	34,400	6	35,690		
ssets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			19,402	9	21,473
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	68,533			
	b	Less accumulated depreciation	10b	31,391	43,442	10c	37,142
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	e 11	[		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		[	389,263	15	1,099,360

1,564,130 54,051

54,051

1.510.079

1,510,079

1.564.130 Form **990** (2016)

19

20

21

22 23

24

25

26

27

28 29

30

31 32

33

34

40.347

773.946

773,946

814,293

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	68,533	3				
b	Less accumulated depreciation	<b>10</b> b	31,39	Ī	43,442	10c		
11	Investments—publicly traded securities .	stments—publicly traded securities .						
12	Investments—other securities See Part IV, line			12				
13	Investments—program-related See Part IV, line			13				
14	Intangible assets					14		
15	Other assets See Part IV, line 11				389,263	15		
16	Total assets.Add lines 1 through 15 (must equ	al line	34)		814,293	16		
17	Accounts payable and accrued expenses				40,347	17		
18	Grants payable					18		

19

20

21

23

24

25

26

27

28

29

30

31

32

33 34

Liabilities 22

Fund Balances

Assets or

Net

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here  $\blacktriangleright$   $\square$  and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,381,333
2	Total expenses (must equal Part IX, column (A), line 25)	2			645,200
3	Revenue less expenses Subtract line 2 from line 1	3			736,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			773,946
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,	,510,079
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

3b

#### **Additional Data**

Software ID: 16000371

**Software Version:** 

**EIN:** 03-0228267

Name: Vermont Public Interest Research Group Inc

Form 990 (2016)

IN THE CAMPAIGN

#### Form 990, Part III, Line 4a:

ENERGY AND GLOBAL WARMING SOLUTIONS - VERMONTERS KNOW THAT WE HAVE A MORAL RESPONSIBILITY TO PROTECT OUR KIDS AND GRANDKIDS FROM THE ENVIRONMENTAL, ECONOMIC, AND SOCIAL HAVOC THAT FOSSIL FUELS ARE WREAKING VPIRG AGREES WITH THE MAJORITY OF VERMONTERS WHO WANT TO CUIT OUR DEPENDENCE ON FOSSIL FUELS AND TAKE CONTROL OF OUR ENERGY FUTURE BY USING CLEAN, RENEWABLE POWER VPIRG WORKS TO ADVANCE POLICIES AND PROGRAMS THAT AIM TO STOP OUR CONTINUED RELIANCE ON FOSSIL FUELS AND OTHER DIRTY ENERGY LIKE NUCLEAR POWER, AND TO DRAMATICALLY INCREASE THE USE OF CLEAN, LOCAL, RENEWABLE ENERGY TO THAT END, IN 2016 VPIRG HELPED PASS ENERGY SITING STANDARDS THAT WILL ENSURE VERMONT COMMUNITIES AND REGIONS WILL BE A BIGGER PART OF OUR TRANSITION TO RENEWABLE ENERGY THE LAW WILL INCREASE THE POWER LOCAL COMMUNITIES AND REGIONS HAVE OVER THE SITING OF ENERGY PROJECTS, BUT ONLY IF THOSE COMMUNITIES ADOPT ENERGY PLANS THAT ADVANCE VERMONT'S RENEWABLE ENERGY AND GREENHOUSE GAS REDUCTION GOALS THE LAW ALSO INCLUDED A VPIRG-CHAMPIONED PILOT PROJECT THAT WILL GET 2 5 MW OF SOLAR BUILT ON "PREFERRED LOCATIONSX LIKE PARKING LOTS, ROOFTOPS, LANDFILLS, AND GRAVEL PITS DURING THAT LEGISLATIVE EFFORT, WE ALSO HELPED BEAT BACK MULTIPLE ATTEMPTS TO UNDERMINE OR MAKE FUNCTIONALLY IMPOSSIBLE CONTINUED WIND DEVELOPMENT IN OUR STATE FINALLY, VPIRG CONTINUED TO GROW THE BROAD-BASED ENERGY INDEPENDENT VERMONT COALITION WORKING TO TACKLE CLIMATE CHANGE BY PUTTING A PRICE ON CARBON POLLUTION IN 2016, VPIRG CANVASSERS AGAIN BROUGHT THE

CAMPAIGN TO TENS OF THOUSANDS OF VERMONTERS AND BUILT THE CASE FOR SAVING MONEY BY INVESTING IN AN ENERGY INDEPENDENCE FUND MADE POSSIBLE BY A GRADUALLY PHASED IN TAX ON CARBON POLLUTION THE TEAM GATHERED OVER 20,000 POSTCARDS IN SUPPORT OF THE PROPOSAL, AND ORGANIZERS TURNED OUT THOUSANDS OF VERMONTERS TO COALITION-LED EVENTS AND THOUSANDS MORE ONE-ON-ONE CONVERSATIONS. ASKING OUR SUPPORTERS TO GET MORE INVOLVED

# DEMOCRACY AND FAIR ELECTIONS - VPIRG ACTIVELY SUPPORTS EFFORTS TO MAKE OUR DEMOCRACY MORE OPEN AND TRANSPARENT WE SEEK TO ENSURE THAT ELECTIONS ARE FAIR AND BALANCED BY REDUCING THE UNDUE INFLUENCE OF MONEY IN OUR POLITICAL PROCESS WE CONTINUE TO DRAW ATTENTION TO THE DEVASTATING IMPACT OF THE DISASTROUS SUPREME COURT VERDICT IN CITIZENS UNITED AND CONTINUE OUR WORK TOWARDS PASSING MEANINGFUL CAMPAIGN

FINANCE REFORM AND WATCHDOGGING THE ROLE OF MONEY IN VERMONT POLITICS IN 2016, VERMONT BECAM

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: CONSUMER PROTECTION - VPIRG SERVES AS A WATCHDOG, PROTECTING THE PUBLIC INTEREST WHEN CORPORATIONS ATTEMPT TO PUT PROFITS OVER PEOPLE, AND ENSURES THAT THE POLICIES AND LAWS THAT WE DO PASS TO PROTECT THE PUBLIC INTEREST ARE, IN FACT, ENFORCED YEARS OF WORK WITH PARTNERS IN THE RIGHT TO KNOW GMOS COALITION PAID OFF IN 2014 WHEN VERMONT BECAME THE FIRST STATE TO PASS A LAW REQUIRING GMO FOODS TO BE LABELED

VPIRG/VPIREF CONTINUED OUR PARTNERSHIP WITH THE VERMONT LAW SCHOOL AND THE CENTER FOR FOO

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

OMB No 1545-0047

DLN: 93493319117607

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

Part I-A

Part I-B

1 2

3

1

3

5

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Vermont Public Interest Research Group Inc 03-0228267 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	: <b>▶</b>	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b>&gt;</b>	\$

Did the filing organization fileForm 1120-POL for this year?

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

☐ Yes ✓ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and directly delivered to a -0separate political organization If none, enter -0-

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

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

#### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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) Part IV Supplemental Information Provide 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), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493319117607

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Vermont Public Interest Research Group Inc 03-0228267 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

Par	t III	Organizations Maintaining Co	llections o	f Art, Hist	orical Tr	easu	res, or	Other	Similar A	ssets (con	tinued)	
3		the organization's acquisition, accession (check all that apply)	on, and other	records, che	eck any of	the fol	llowing tl	nat are a	significant	use of its co	llection	
а		Public exhibition			d 🗌	Loan	or excha	nge prog	ırams			
b		Scholarly research			е 🗌	Other	-					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's co (III	llections and	explain how	they furth	er the	organiz	ation's ex	kempt purpo	ose in		
5		g the year, did the organization solicit of the state of the sold to raise funds rather than t							nılar	☐ Yes		No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		on Form 9	990, Part	IV, lıı	ne 9, or	reporte	ed an amo	unt on For	m 990,	Part
1a		organization an agent, trustee, custod led on Form 990, Part X?	lan or other I	ntermediary	for contril	outions	s or othe	r assets	not	☐ Yes	□ r	No
ь	If "Ye	s," explain the arrangement in Part XII	I and comple	te the follow	ına table		Γ		<i>p</i>	Amount		
С		ning balance	'		,		Ī	1c				_
d	_	ons during the year					F	1d				_
е		outions during the year					Ī	1e				_
f		g balance					ŀ	1f				_
2a		ne organization include an amount on F	orm 990. Parl	t X. line 21.	for escrow	or cu	ے stodial a	ccount lia	ability?	☐ Yes		_
b		s," explain the arrangement in Part XII	•						,			40
Pā	rt V	Endowment Funds. Complete	f the organı	zation ansi	wered "Ye	es" or	Form 9	990, Par	t IV, line :	10.		
			(a)Current	year (	<b>b)</b> Prior yea	r (	<b>(c)</b> Two ye	ars back	(d)Three ye	ars back (e	)Four yea	ars back
1a	Beginn	ing of year balance										
b	Contrib	utions										
C	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2	Provid	le the estimated percentage of the curi	ent year end	balance (lın	e 1g, colu	mn (a)	) held as	5				
а	Board	designated or quasi-endowment <b>&gt;</b>										
Ь	Perma	anent endowment ►										
С	Temp	orarily restricted endowment <b>&gt;</b>										
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100	%								
3а		nere endowment funds not in the posse ization by	ssion of the c	rganization	that are h	eld and	d admini:	stered fo	r the		Yes	No
	(i) ur	related organizations								3a(i		
b		elated organizations	ns listed as re	 equired on S	 chedule R	· ·				3a(ii . 3b	)	<del>                                     </del>
4	Descr	ibe in Part XIII the intended uses of the	e organizatior	n's endowme	nt funds						•	
Pa	rt VI	Land, Buildings, and Equipme						_	_			
	_	Complete if the organization ans										
	Descri	ption of property (a) Cost or of (investm		(b)Cost or of	iner basis (d	itner)	(C)Accu	imulated d	epreciation	(a)	Book valu	ie
1a	Land											
b	Building	gs										
c	Leaseh	old improvements				2,741			1,110			1,631
d	Equipm	nent			5	8,512			29,068			29,444
е	Other					7,280			1,213			6,067
Tat	م ۸۵۵	lines 12 through 10 (Column (d) must	anual Farma Of	10 D==+ V =	aluman (D)	1 1	10(-)		_			27.442

Part VII Investments—Other Securities. Complete if the or	ganization ar	swered 'Yes' on I	Page <u>3</u> Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	<b>(b)</b> Bo		(c)Method of valuation
(including name of security)	value		or end-of-year market value
(1)Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the of See Form 990, Part X, line 13.  (a) Description of investment	(b) Book val	ıe	(c) Method of valuation
(1)	1	Cost	or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes'	<b>&gt;</b>   ' on Form 990,	Part IV, line 11d S	ee Form 990, Part X, line 15
(1) Due from affiliate (VPIREF)			<b>(b)</b> Book value 1,090,873
(2) Security deposit (3) Due from employees & others			3,775 4,712
(3)			1,712
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			. ▶ 1,099,360
<b>Part X Other Liabilities.</b> Complete if the organization answers See Form 990, Part X, line 25.	ered 'Yes' on	Form 990, Part I'	V, line 11e or 11f.
1. (a) Description of liability	(b)	Book value	
(1) Federal Income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		
2. Liability for uncertain tax positions In Part XIII, provide the text of the	footnote to the		
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if t	ne text of the footn	ote has been provided in Part XIII

Return Reference

Schedule D (Form 990) 2015

Schedule D (Fo	orm 990) 2015	Page <b>5</b>	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC pr	int - DO NOT I	PROCESS	As File	ed Data -					DL	N: 93	4933	3191	17607
Schedule L (Form 990 or 990-EZ)	<b>I</b>	s" on Form	Complete	S with In te if the organ t IV, lines 25a	nization ans a, 25b, 26, 2	wered 7, 28a, 28b,	0	2016					
			► Attach	90-EZ, Part V to Form 990	or Form 990	)-EZ.					2(	<u>]                                    </u>	0
Department of the Treasury Internal Revenue Service	▶Inform	ation about		e L (Form 990 <u>vww.irs.gov/1</u>		and its instr	uctio	ns is	at			to Pi pecti	ublic ion
Name of the organization Vermont Public Interest							Er	nplo	yer ide	ntifica	ation 1	numb	er
Part I Excess I	Benefit Transa	ctions (sec	tion 501/c	)(3) section 50	11(c)(4) and	501(c)(29) or			8267				
Complete	ıf the organızatıon	answered "	es" on Fo	rm 990, Part IV	, line 25a or	25b, or Form	990-E	Z, Pa	rt V, lii				
<b>1 (a)</b> Na	me of disqualified	person	<b>(b)</b> R	elationship bet or	ween disquali ganization	fied person an	ıd		escript ansacti			l) Cor 'es	rected? <b>No</b>
Complet	to and/or From the if the organization amount on From the important of the	m Interes	ted Pers "Yes" on t X, line 5, (d) Loan orga	Form 990-EZ, F 6, or 22 to or from the enization?	Part V, line 38		( <b>g</b> ) defa	rt IV, ) In ault?	(I Appro boai comm	h) ved by rd or nittee?	( ag	<b>i)</b> Writ	tten nent?
(1) Solarcommunities	See Part V	See Part V	То	From X	86,000	35,690	Yes	No No	Yes Yes	No	Yes Yes		No
Total		D 6717 -			\$	35,690							
	or Assistance te if the organiz					line 27.							
(a) Name of intereste	interes	elationship be sted person a organization	ind the	(c) Amount of	assistance	(d) Type o	of assi	stand	e	<b>(e)</b> Pu	rpose	of ass	istance
						1			- 1				

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	

Return Reference

Schedule L (Form 990 or 990-EZ) 2016

**Supplemental Information** 

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2016

Part V

Explanation

efile GRAPH	IIC print	- DO NOT PROCESS As Filed D	ata -		DLN	: 93493319117607
SCHEDUL (Form 990 or EZ)	· 990-	▶ Attach ▶ Information about Schedule O	ition for to provid to Form (Form 9	responses to specific questi le any additional informatio 990 or 990-EZ.	ons on n.	OMB No 1545-0047  2016  Open to Public Inspection
Name of the org Vermont Public Int	erest Resea	ch Group Inc			Employer ident	ification number
Return Reference			1	Explanation		
Pt VI, Line 6		rs of VPIRG who make contributions of a VPIREF - are automatically considered			1	

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Pt VI. Line 7a	Directors serve two-year terms with the membership generally electing half of the Directors each year via mail or electronic ballots

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Pt VI, Line 7b Members must approve any changes to the Organization's bylaws

990 Schedule O, Supplemental Information

Doturn

Reference	Едріанаціон
Pt VI, Line	A draft of Form 990 is reviewed by management with a copy of Form 990, in PDF format, made available to the Board prior to
11b	filing

Evolunation

990 Schedule O, Supplemental Information D - 4.... Funlanation

Reference	Explanation
Pt VI, Line	Board members are required to disclose any potential conflicts of interest annually with compliance monitored by management

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI Line	The Executive Committee of the governing Board reviews comparability information as part of the annual salary review of all top

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line

15b

See above description for Part VI. Line 15a

Return Explanation

Reference	·
Pt VI, Line 19	The Organization does not release its financial statements or other governance documents
	General financial information is provided annually to members

990 Schedule O, Supplemental Information Return Explanation Reference Other Part III / Line 4d - Other Programs

Return Reference	Explanation
Other	Environmental Health - VPIRG works to protect the public health and our environment from the hidden dangers of toxic chemicals that we're exposed to every day VPIRG aims to fundam entally reform how chemicals are regulated by encouraging the use of safer alternatives whenever possible and minimizing exposures particularly for children. The discovery of the toxic chemical PFOA in North Bennington made it clearer than ever that more must be done to protect Vermonters from dangerous chemicals in 2016, VPIRG helped pass legislation that established a committee to make recommendations to the legislature for more comprehensive toxic chemical reform. VPIRG executive Director Paul Burns served on this committee, which made 13 such recommendations that provided the basis for toxic reform legislation conside red in 2017. In addition, seeds treated with neonicotinoid pesticides have been shown to be harmful to bees and other pollinators, but until now the state did not have the authorit y to regulate them. Legislation that VPIRG helped pass in 2016 gives the state authority to take action to protect pollinators and our environment from treated article pesticides such as coated seeds. We also helped pass separate legislation that created a pollinator protection committee to develop recommendations on how we can better protect bees and other pollinators.

Return
Reference
Other
Environment and Zero Waste - VPIRG works to advance policies and solutions that move us cl

oser to zero waste in Vermont. To that end, VPIRG continues to successfully defend the lan dmark Bottle Bill law from industry attacks and continues to make the case that the law ne eds to be updated and strengthened to cover water and non-carbonated beverages. In addition, we research and advocate for stronger recycling programs and implementation of extended producer responsibility for the waste their products generate in the system.

Return Reference	Explanation
Other	Health Care Reform - VPIRG works to implement policies and programs that will ensure that all Vermonters have access to quality, affordable health care when they need it. After mor e than three years of work, VPIRG and our allies helped pass legislation that will allow d ental therapists to offer care to Vermonters. Dental therapists will have a scope of pract ice that is greater than a hygienist's, but smaller than that of a dentist, and will perform common procedures such as cleanings, fillings and routine extractions. These providers have been shown to improve access to first class care, and are already part of the dental team in more than 50 countries around the world, as well as in Minnesota and Alaska VPIRG worked closely with our partners at Planned Parenthood to pass legislation that will improve access to birth control for all Vermonters. Because of this law, Vermonters are now guaranteed access to contraceptives beyond what's included in the Affordable Care Act, including vasectomies. Women will now be able to get up to a full year's prescription for oral contraceptives, and it will be easier to access long acting reversible contraceptives, which have been shown to dramatically reduce unplanned pregnancies.

Return
Reference

Other

General Membership Services - As the largest membership-based environmental and consumer a

dvocacy organization in the state, VPIRG provides educational and informational resources on our campaigns and related issues to over 55,000 members and supporters annually VPIRG serves as a go-to resource for individuals and groups to learn about public interest polic y issues and opportunities for making their voices heard on issues at critical times throu ghout the year VPIRG also regularly provides training to activist members in core skills such as writing a letter to the editor, speaking in public about policy issues, organizing local community meetings, and how to lobby their elected officials

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Form 990,
Part III, Line
Other programs include Environmental Health, 70140 0 0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319117607 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Vermont Public Interest Research Group Inc 03-0228267 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax yea		anization answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) con entit	512(b) ntrolled ty?
(1)Vt Public Interest Research & Educ Fund 141 Main St 6	EDUCATION	VT	501(c)(3)	509(a)(1)	VT Public Interest Research Group Inc	Yes	No
Montpelier, VT 05602 51-0163801							<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Cat No 5013	5Y		Schedule R (Form	990) 20	16

		(b)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-			Olsprop alloca		Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line  i)  ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Γ		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1	а	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1	b	No
c Gift, grant, or capital contribution from related organization(s)	1	С	No
d Loans or loan guarantees to or for related organization(s)	1	d Yes	
e Loans or loan guarantees by related organization(s)	1	e	No
			1
f Dividends from related organization(s)	1	.f	No
g Sale of assets to related organization(s).	1	a	No

Page 3

1k

11

1m

1n

1r

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

Yes

Yes

No

No

No

No No

No No

d	l Loans or loan guarantees to or for related organization(s)	10	Yes	
е	e Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	g Sale of assets to related organization(s)	<b>1</b> g		No
h	n Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

(c)

Amount involved

1,090,873

51,489

650,008

Cost

Cost

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

(1)Vermont Public Interest Research and Education Fund

(2)Vermont Public Interest Research and Education Fund

(3) Vermont Public Interest Research and Education Fund

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . . . . . . .

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ng ?	<b>(k)</b> Percentage ownership
			514)	Yes	No	! i		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016

