Return of Organization Exempt From Income Tax

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

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/Form990 for instructions and the latest information.

	For the	2019 calend	dar year, or tax year beginning , 2019, and endi	na		, 20			
В	•	applicable:	C Name of organization Vermont Public Interest Research & Education		D Emple	oyer identification number			
	Address		Doing business as	on runa, me		163801			
X	Name ch	, i		Room/suite		hone number			
	Initial retu	· ·	·	6) 223-5221			
\exists		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		(002	7223 3221			
\exists	Amended		Montpelier, VT 05602		G Gross	receipts \$ 750,862.			
H		on pending	F Name and address of principal officer:	H(a) Is this a	G Gross receipts \$ 750,862. a group return for subordinates? ☐ Yes ☒ No				
Ш	Арріісаці	on pending	Paul Burns, 141 Main Street, Montpelier, VT 056		•				
$\overline{}$	Tax-exen	npt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			'attach a list. (see instructions)			
<u>. </u>	•	·	pirg.org		exemption	,			
<u>к</u>		organization: X				of legal domicile: VT			
_	art I	Summa		iation. ±57	J III Olale	or regar dormone. V 1			
			cribe the organization's mission or most significant activities: In 1	075 +bo	Vormon	+ Dublia			
ø	'		t and Education Research Fund (VPIREF) was es						
Activities & Governance			3) outreach and education arm. See Page 2 and S						
Ĭ			box ► ☐ if the organization discontinued its operations or disposed						
ŏ					1 - 1	6			
જ જ	1		independent voting members of the governing body (Part VI, line 1t)			6			
es	1		per of individuals employed in calendar year 2019 (Part V, line 2a)			0			
ξ	1				6	30			
∤ cti	1		per of volunteers (estimate if necessary)		7a				
_	1		red business taxable income from Form 990-T, line 39		7b	0.			
	D	- INGL UITIGIAL	Led business taxable income norm of orm 990-1, line 09	Prior Y		Current Year			
Revenue	8	Contributio	4,050.	748,751.					
	1		4,030.	/40,/31.					
Ver	1	_	ervice revenue (Part VIII, line 2g)		1,779.	2 111			
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,779.	2,111.			
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.21	- 000	750 060			
	+		I similar amounts paid (Part IX, column (A), lines 1–3)		5,829.	750,862.			
			aid to or for members (Part IX, column (A), line 4)	130	0,000.	43,500.			
	1		her compensation, employee benefits (Part IX, column (A), lines 5–10)	0.04	0.	0.			
ses				800	0,002.	947,008.			
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ä	1			224	0 007	200 554			
	1	•			8,997.	300,554.			
	1	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,999.	1,291,062.			
_ <u>v</u>	19	Revenue le	ess expenses. Subtract line 18 from line 12		3,170.	-540,200.			
Net Assets or Fund Balances	20	Total asset	o (Part V. line 16)	Beginning of Cu		End of Year			
\sse Bala	20 21		s (Part X, line 16)		2,048.	798,681. 2,281,479.			
und/	22		or fund balances. Subtract line 21 from line 20		2,502. 0,454.	-1,482,798.			
D2	art II		re Block		0,434.	-1,402,790.			
			I declare that I have examined this return, including accompanying schedules and sta	tements and to t	the heet of r	my knowledge, and helief it is			
			e. Declaration of preparer (other than officer) is based on all information of which prepare			Try knowledge and belief, it is			
Sig	an	Signatu	ure of officer	lDa	ate				
He		'							
Paul Burns, Executive Director & Authorized Tax Officer Type or print name and title									
_		1, ,,		Date	Ob I	☐ if PTIN			
Pa		Willia	m S. Huckabay, CPA		Check self-emp	□ "			
	epare	<u> </u>		F:		1100131300			
Us	e Only	Firm's nan				<u>47-1371818</u> 02)870-7086			
Ma	v the IR		this return with the preparer shown above? (see instructions)	Pno	טוו טווט. (8	. X Yes No			
ivia	y 1110 111	io aiocass i	and retain with the proparer shown above: (see instructions)			. 🔼 163 🗀 110			

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	In 1975, the Vermont Public Interest and Education Research Fund (VPIREF) was
	established as VPIRG's 501(c)(3) outreach and education arm. VPIREF conducts independent research on the top challenges facing our state, crafts commonsense
	See Part III, Ln 1 statement
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 430,345. including grants of \$ 6,000.) (Revenue \$ 0.)
	Climate and Energy - 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. VPIREF agrees with the majority of Vermonters who want to cut our dependence on fossil fuels and take control of our energy future using clean, renewable power. VPIREF conducts independent research, public education, and grassroots outreach aimed at reducing our continued reliance on fossil fuels and other dirty energy, and instead dramatically increase the use of clean, local, renewable energy that can power a clean energy future for Vermont. * In 2019, VPIREF doubled down on our efforts to support young Vermonters in their calls See Part III, Ln 4a statement
	See Part III, bii 4a Statement
4b	(Code:)(Expenses \$183,242.including grants of \$37,500.)(Revenue \$0.) Environmental Health - VPIREF works to protect the public health and our environment from the hidden dangers of exposure to toxic chemicals in our everyday lives. VPIREF aims to fundamentally reform how chemicals are regulated, encouraging the use of safer alternatives whenever possible and minimizing exposures particularly for children.
4c	(Code:) (Expenses \$340 , 879 . including grants of \$ 0 .) (Revenue \$ 0 .)
	Zero Waste - VPIREF works to advance policies and solutions that hold manufacturers accountable for the products they put into our environment and move us closer to zero waste in Vermont.
	In 2019, VPIREF kicked off our Campaign to Stop Single-Use Plastics. We dedicated our 2019 summer canvass to the issue of single-use plastics, sending canvassers door to door in all 251 cities and towns in Vermont, where they spoke with over 37,000 Vermonters about the plastic pollution crisis and collected more than 21,000 signatures on a petition to lawmakers urging them to support policies to stop single-use plastics.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 181,649. including grants of \$ 0.) (Revenue \$ 0.)

⊇age **उ**

Part l	V Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
J	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	reportable garring (garribing) withings to prize withers!	1c		I

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
,			Yes	No
2a	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 this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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 services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-1	required to file Form 8282?	7c		×
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		×
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			.,
	excess parachute payment(s) during the year?	15		×
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		.,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		×
	n 163, complete Form 4720, conecute O.			

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PUBLIC INSPECTION COPY

				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6					
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent .	1b 6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	elationship with	2	×			
3	Did the organization delegate control over management duties customarily performed by or	under the direct					
Ū	supervision of officers, directors, trustees, or key employees to a management company or of		3		×		
4	Did the organization make any significant changes to its governing documents since the prior Form	•	4	×			
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		×		
6							
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		×		
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		×		
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during					
	the year by the following:						
a	The governing body?		8a	×			
b	Each committee with authority to act on behalf of the governing body?		8b	×			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule of the organization of the organizati	0	9		×		
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	ue C		NI-		
100	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X		
10a	If "Yes," did the organization have written policies and procedures governing the activities or	f such chapters	IUa				
b	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×			
b							
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×			
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done	oolicy? If "Yes,"	12c	×			
13	Did the organization have a written whistleblower policy?		13		×		
14	Did the organization have a written document retention and destruction policy?		14	×			
15	Did the process for determining compensation of the following persons include a review a						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation						
a	The organization's CEO, Executive Director, or top management official		15a	×			
b	Other officers or key employees of the organization		15b	×			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	•	16a		×		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				-,		
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b				
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all tha Own website Another's website Upon request Other (explain on So	t apply. chedule O)	•		. ,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.			-	olicy,		
20	State the name, address, and telephone number of the person who possesses the organization of the person of		cords	>			

Form 990 (2019) Page **7**

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest C	compensated	Employees,	and
	Independent Contractors						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos neck ss pe	rson	e than of the state of the stat	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kati Gallagher	2.00	.,		.,				_	_	_
President		×		×				0.	0.	0.
(2) Falko Schilling Secretary	2.00	×		×				0.	0.	0.
(3) Marianne Barton Treasurer	2.00	×		×				0.	0.	0.
(4) Bob Barton Trustee	1.00	×						0.	0.	0.
(5) Jon Erikson Trustee	1.00	×						0.	0.	0.
(6) Lily Steward Trustee	1.00	×						0.	0.	0.
(7) Paul Burns Executive Director	26.00 14.00			×				62,224.	33,506.	17,483.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	olo	yee	s, an	d F	lighest Compe	nsated I	=mplo	yees (c	ontinued)
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than c	ne	(D)	(E)			(F)
	Name and title	Average					is both		Reportable	Report			ed amount
		hours per week	office	er and	_	lirect	or/trust	<u> </u>	compensation from the	compens from rel			other ensation
		(list any	or c	Inst	Officer	Kej	Hig	For	organization	organiza			m the
		hours for	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099	-MISC)	_	zation and
		related organizations	ual 1	iona		old	ee t co	,				related o	rganizations
		below	trus	ᄩ		yee	m pe						
		dotted line)	lee	ıste			nsa						
				Ф			ted						
(15)													
]										
(16)													
]										
(17)													
]										
(18)													
]										
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(O.T.)													
(25)													
	Subtotal								62,224.	2.2	506.		17 402
1b c	Total from continuation sheets to Part		 	•	•		•		02,224.	33,	506.		17,483.
d	Total (add lines 1b and 1c)	•		•	•		•		62,224.	2.2	506.		17,483.
<u>u</u>	Total number of individuals (including but							<u> </u>					17,403.
2	reportable compensation from the organi		ו נט נו					<i>5)</i> VV	no received mor	e man y r	00,000	Oi	
	repertable compensation from the ergan	Zation					0						Yes No
3	Did the organization list any former of	officer dire	octor	tru	cto	ما د	· • • • • • • • • • • • • • • • • • • •	mnl	lovee or highes	t compa	neatad		100 110
3	employee on line 1a? If "Yes," complete							•		•		3	×
4	For any individual listed on line 1a, is the												
7	organization and related organizations												
	individual							., 				4	×
5	Did any person listed on line 1a receive of	or accrue co	nmne	nsat	ion	froi	m anv	ıın	related organizat	tion or inc	lividual		
•	for services rendered to the organization											5	×
Secti	on B. Independent Contractors								,				
1	Complete this table for your five high	nest comp	ensate	ed	inde	eper	ndent	CO	ntractors that r	eceived	more 1	:han \$1	00,000 of
	compensation from the organization. Rep												
	(A)								(B)			(C)	
	Name and business add	lress							Description of serv	/ices	(Compensa	ation
		,						L		, . l			
2	Total number of independent contractor received more than \$100,000 of compens) th	ose listed abov 0	e) who			

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Form 9	990 (201	9)				11011	Page 9
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response or not	te to any	y line in this Pa	rt VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u>ა</u> ა	1a	Federated campaigns 1a	0.				
ant	b	Membership dues 1b	0.				
ع ج	С	Fundraising events 1c	0.				
ifts	d	Related organizations 1d	0.				
nila	е	Government grants (contributions) 1e	0.				
Sin	f	All other contributions, gifts, grants,					
he ti			,751.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f 1g \$ 23	767				
Sor	h	lines 1a–1f	,767. . ►	748,751.			
	- "	Business		740,731.			
Ö	2a						
Program Service Revenue	b						
S	С						
ıram Ser Revenue	d						
P. B.	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a–2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		2,111.	0.	0.	2,111.
	4	Income from investment of tax-exempt bond proce	-				
	5	Royalties					
	6a	Gross rents 6a	301101				
	b	Less: rental expenses 6b	-				
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	. 🕨				
	7a	Gross amount from (i) Securities (ii) Ot					
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
/en		and sales expenses . 7b	$\overline{}$				
Re	С	Gain or (loss) 7c					
Other Revenu		Net gain or (loss)	. •				
₹	8a	Gross income from fundraising events (not including \$ 0.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events .	. ▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	1	Less: direct expenses					
		Net income or (loss) from gaming activities	. •				
	iva	Gross sales of inventory, less returns and allowances 10a					
	h	Less: cost of goods sold 10b	-				
		Net income or (loss) from sales of inventory	. 🕨				
S		Business	s Code				
aneous enue	11a						
laneo enue	b						
		I	- 1		i		i

750,862.

0.

Total. Add lines 11a–11d . . . **Total revenue.** See instructions

12

2,111.

0.

Form 990 (2019) Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	_ (D)				
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations		одранова	денена: одренево	слропосс				
•	and domestic governments. See Part IV, line 21 .	43,500.	43,500.						
2	Grants and other assistance to domestic	43,300.	43,300.						
2	individuals. See Part IV, line 22	0	0						
_	•	0.	0.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and	_	_						
	foreign individuals. See Part IV, lines 15 and 16	0.	0.						
4	Benefits paid to or for members	0.	0.						
5	Compensation of current officers, directors,								
	trustees, and key employees	73,589.	63,399.	9,058.	1,132.				
6	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	707,758.	648,346.	27,491.	31,921.				
8	Pension plan accruals and contributions (include	7077730.	010/3101	2,,151.	31/221.				
J	section 401(k) and 403(b) employer contributions)	7,641.	7,099.	35.	507.				
9	Other employee benefits	92,129.	7,099.	11,310.	4,860.				
	· ·			-					
10	Payroll taxes	65,891.	60,301.	2,822.	2,768.				
11	Fees for services (nonemployees):	_	_	_	_				
а	Management	0.	0.	0.	0.				
b	Legal	3,139.	1,630.	1,392.	117.				
С	Accounting	5,461.	0.	5,461.	0.				
d	Lobbying	6,458.	6,458.	0.	0.				
е	Professional fundraising services. See Part IV, line 17	0.			0.				
f	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.)	22,164.	6,831.	13,128.	2,205.				
12	Advertising and promotion	6,351.	6,342.	5.	4.				
13	Office expenses	22,974.	18,100.	3,600.	1,274.				
14	Information technology	66,443.	48,106.	4,121.	14,216.				
15	Royalties	0.	0.	0.	0.				
16	Occupancy	57,710.	50,002.	4,064.	3,644.				
17									
	Travel	49,064.	47,847.	137.	1,080.				
18	Payments of travel or entertainment expenses	_	_		_				
	for any federal, state, or local public officials	0.	0.	0.	0.				
19	Conferences, conventions, and meetings .	19,068.	14,937.	3,837.	294.				
20	Interest	0.	0.	0.	0.				
21	Payments to affiliates	0.	0.	0.	0.				
22	Depreciation, depletion, and amortization .	4,267.	3,635.	333.	299.				
23	Insurance	11,028.	9,467.	823.	738.				
24	Other expenses. Itemize expenses not covered								
•	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Newsletter & Publications	9,849.	9,554.	0.	295.				
b	Bank, Credit Card & Other Fees	5,041.	4,297.	393.	351.				
c	Dues & Subscriptions	2,457.	2,104.	186.	167.				
d	Other Ermonaca	9,080.	8,201.	459.	420.				
	All other expenses	5,000.	0,201.	437.	420.				
e 25		1 201 062	1 126 115	00 655	66 202				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,291,062.	1,136,115.	88,655.	66,292.				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here ▶ ☐ if								
	following ŠOP 98-2 (ASC 958-720)								
		REV 10/27/20 PRO			Form 990 (2019)				

PUBLIC INSPECTION COPY
Page 11 Form 990 (2019)

	1 990 (2	•			Page 11
Р	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	rt X (A) Beginning of year		
	1	Cash—non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	671,223.	2	606,745.
	3	Pledges and grants receivable, net	2,950.	3	136,205.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	47,875.	15	55,731.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	722,048.	16	798,681.
	17	Accounts payable and accrued expenses	22,323.	17	23,671.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	1,650,179.	25	2,257,808.
	26	Total liabilities. Add lines 17 through 25	1,672,502.	26	2,281,479.
Secu		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	-1,115,454.	27	-1,677,431.
B	28	Net assets with donor restrictions	165,000.	28	194,633.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			,,,,,,,,
ō	29	Capital stock or trust principal, or current funds		29	
əts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
μ	32	Total net assets or fund balances	-950,454.	32	-1,482,798.
Ž	33	Total liabilities and net assets/fund balances	722,048.	33	798,681.
		REV 10/27/20 PRO	•		Form 990 (2019)

Form **990** (2019) REV 10/27/20 PRO

Form 990 (2019)

D	VI Decomplistion of Net Accets			_	9
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1		50,8	
2		2		91,0	
3	' <u> </u>	3	- 5	40,2	200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-9	50,4	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		7,8	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0	-1,4	82,7	98.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight 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, expl	lain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	dits .	3b		

Form **990** (2019) REV 10/27/20 PRO

51-0163801

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

Continuation Statement

Description solutions, and mobilizes the grassroots through innovative educational outreach campaigns that amplify the voice of average citizens over well-moneyed special interests that too often corrupt our democratic processes. VPIREF's mission is to promote and protect the health of Vermont's people, environment and locally-based economy by informing and mobilizing citizens statewide.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

for climate action. In the spring we supported the Vermont Youth Lobby, a grassroots coalition from around the state, in holding the fourth annual Rally for the Planet.

And in the fall, we partnered with campus organizers and local businesses to drive turnout for the Burlington climate strike - as well as encouraging our members throughout the state to join their local actions. The results were astounding, with thousands of Vermonters across the state participating. Finally, in November, we supported young organizers in holding the first-ever Vermont Youth Climate Congress, which included more than 170 student delegates from 43 different schools.

1

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

T

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 51-0163801

	mont Public Interest Res					31-0103801	
Par							ns.
The c	organization is not a private founda				-	· · · · · · · · · · · · · · · · · · ·	
1	A church, convention of church	nes, or associati	on of churches descri	bed in s e	ection 17	'0(b)(1)(A)(i).	
2	P. □ 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 organizatio						(iii). Enter the
•	hospital's name, city, and state	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			,. =
5	An organization operated for t	ha hanafit of a	oollogo or university	owned o	r operate	d by a gayaramant	al unit described in
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
		•					
6	A federal, state, or local govern						
7	★ An organization that normally the second control of the sec			port from	ı a gover	nmental unit or from	n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An agricultural research organi	zation described	in section 170(b)(1)	ao (xi)(A)	erated in	conjunction with a la	and-grant college
	or university or a non-land-gran						
	university:	9 9	,	,		, ,,	3
10	An organization that normally re	eceives: (1) more	e than 331/3% of its su	ipport fro	m contri	butions, membershir	o fees, and gross
. •	receipts from activities related	to its exempt fur	nctions—subject to c	ertain exc	ceptions,	and (2) no more that	า 33¹/₃% of its
	support from gross investment	income and uni	related business taxal	ole incom	ne (less s	ection 511 tax) from	businesses
	acquired by the organization at						
	An organization organized and		•	-			
12	An organization organized and						
	of one or more publicly suppo	•					
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizati	on and complete line	es 12e, 12f, and 12g
а	Type I. A supporting organi	ization operated	, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
	the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	the directors or trust	ees of the
	supporting organization. Yo						
b	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s) by having
b	control or management of t						
	organization(s). You must o		•		persons	that control of mane	age the supported
	_ ,,	=			annaatia	n with and functions	ally into grated with
С							any integrated with,
	its supported organization(s		•				
d	,,						
	that is not functionally integ						d an attentiveness
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	Check this box if the organi	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or T	ype III non-func	tionally integrated sur	porting (organizat	ion.	
f	Enter the number of supported of	rganizations .					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(,) rtaine er eappertea erganization	(,	(described on lines 1–10	listed in you	ur governing		other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No	-	
				103	110		
(A)							
(B)							
(C)							
(D)							
(D)							
/E\							
(E)							
Total	ı						

Schedule A (Form 990 or 990-EZ) 2019

Page 2

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.)

	Part III. If the organization fails to	o quality unde	er the tests iis	sted below, p	iease compie	te Part III.)	
	on A. Public Support			1			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,389,341.	1,406,450.	1,237,852.	834,050.	748,751.	5,616,444.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0.	0.	0.	0.	ο.	0.
4	-			1,237,852.	834,050.		5,616,444.
	-	2730773121	2,100,100		331,3331	, 10 , , 01 ,	7,020,72121
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,687,058.
•	•						
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support						2,929,386.
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(d) 2018	(e) 2019	(f) Total
7			1,406,450.	(c) 2017			5,616,444.
		1,389,341.	1,400,450.	1,237,852.	834,050.	/48,/51.	5,616,444.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources				4		0.455
_		894.	1,812.	2,059.	1,779.	2,111.	8,655.
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	1,010.	679.	2,066.	0.	0.	3,755.
11	Total support. Add lines 7 through 10						5,628,854.
12	Gross receipts from related activities, etc		•			12	0.
13	First five years. If the Form 990 is for the	•	n's first, secon	ıd, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Support						
14	Public support percentage for 2019 (line		-			14	52.04%
15	Public support percentage from 2018 Sci					15	49.95 %
16a	33 ¹ / ₃ % support test—2019. If the organ						
	box and stop here. The organization qua			-			_
b	33 ¹ / ₃ % support test—2018. If the organi						
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	on		🕨 🗌
17a	10%-facts-and-circumstances test-2	019. If the org	anization did r	not check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the '	"facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization						🕨 🖂
b	10%-facts-and-circumstances test—2						
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						
18	Private foundation. If the organization di						
	instructions				.,		▶ □

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						
	on B. Total Support	(a) 0015	(h) 0010	(-) 0017	(4) 0010	(-) 0010	(f) Tatal
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-							
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
h	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	•						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	• • • • • • • • • • • • • • • • • • • •						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	ı 1's first. secon	ud. third. fourth	ı. or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		` ' ` '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13, column (fl)		15	%
16	Public support percentage from 2018 Sch		•			16	
	on D. Computation of Investment In					1 .0 1	,0
17	Investment income percentage for 2019 (ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2018			•		18	
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2018. If the organiz		_			_	_
-	line 18 is not more than 331/3%, check this l						
20	Private foundation If the organization di		_		· · · · · · · · ·		_

Part IV

Supporting Organizations

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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		
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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
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	3a		
С	organization made the determination. 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.	3b 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? <i>If "Yes," provide detail in Part VI.</i>	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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		
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 Part VI.	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 Part VI.	9a 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 Part VI.	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	HC		
Section	on b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI -
4	Many a majority of the appropriation) alignment and make a desired the terror and a section of the CO of t		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	34		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
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 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		
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		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	_		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6) Section C-Distributable Amount	8		Current Year
			Current rear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III support	ing organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Current Year						
1	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets	· · · · · · · ·					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i_	Carryover from 2014 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
c	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Miscellaneous Income
2015: 1010. 2016: 679. 2017: 2066. 2018: 0. 2019: 0.

Schedule B Schedule of Contribu

Vermont Public Interest Research & Education Fund, Inc.

PUBLIC INSPECTION COI

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2019

Employer identification number

51-0163801

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990, 990-EZ, or 990-PF)

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

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Name of organization

Vermont Public Interest Research & Education Fund, Inc.

Employer identification number

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Patagonia & Patagonia Action Works c/o Patagonia 151 College Street Burlington VT 05401	\$92,635.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Fidelity Charitable Gift Fund 200 Seaport Boulevard Boston MA 02210	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Safer States Alliance 5456 Peachtree Boulevard #244 Atlanta GA 30341	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Constance H. West 327 Prospect Street Manchester Center VT 05255	\$ 20,268.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.5	Vermont Community Foundation 3 Court Street Middlebury VT 05753	\$16,021.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	William Racolin 724 Lake Road Charlotte VT 05445	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number Name of organization

Vermont Public Interest Research & Education Fund, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	John Merck Fund 2 Oliver Street 8th Floor Boston MA 02109	\$80,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Lintilhac Foundation 886 North Gate Road Shelburne VT 05482	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Merck Family Fund 95 Eliot Street Suite #2 Milton MA 02186	\$30,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Seventh Generation Foundation 60 Lake Street Burlington VT 05401	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Serena Foundation c/o Dinse Knapp & McAndrew P.O. Box 988 Burlington VT 05402	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	Sustainable Markets Foundation 45 West 36th Street 6th Floor New York NY 10018	\$65,000.	Person X Payroll		

Page 3

Name of organization

Employer identification number

Vermont Public Interest Research & Education Fund, Inc.

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	324 shares of Conoco Phillips Stock	\$ 20,268.	12/26/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number Name of organization

Vermont	Public	Interest	Research	&	Education	Fund,	Inc.		51-016	3801	
Part III	Exclusiv	ely religious	, charitable,	et	c., contributio	ons to o	ganizations o	described i	n section 5	501(c)(7), (a	3), or
	(40) that	total mara t	han \$1 000 f	~	the weer from	001/00	a contributor	Complete	oolumna <i>la</i>	1 through	al and

contributions of \$1,000 or less for th	e year. (Enter this information of	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
	contributions of \$1,000 or less for the Use duplicate copies of Part III if add (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE C Polit (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-004

2019

Open to Public Inspection

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- , (-	,				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization				tification number
		st Research & Education		51-01638	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions fo
2	Political campaign activit	y expenditures (see instructions) .			0.
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	0.
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	0.
3		ed a section 4955 tax, did it file For			
4a	_		=		Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).
1 2	activities	ly expended by the filing organiz		▶ \$	
_	527 exempt function acti	vities		▶ \$	
3	•	expenditures. Add lines 1 and 2.		•	
4		n file Form 1120-POL for this year?			Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committed	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organiz paid from the filing organi delivered to a separate p	zations to which the filing zation's funds. Also ente olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Scheal	lie C (Form 990 or 990-EZ) 2019					Page ∠
Part	II-A Complete if the organizat section 501(h)).	ion is exempt u	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
A C	heck if the filing organization beloaddress, EIN, expenses, an	d share of excess	lobbying expend	itures).	liated group memb	er's name,
B C	heck $ ightharpoonup$ if the filing organization che	cked box A and "	limited control" pr	ovisions apply.		
	Limits on Lo (The term "expenditures"	bbying Expendito means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	ce public opinion	(grassroots lobbyi	ng)	0.	
b	Total lobbying expenditures to influence	ce a legislative bo	dy (direct lobbying	g)	6,458.	
С	Total lobbying expenditures (add lines	1a and 1b) .			6,458.	
d	Other exempt purpose expenditures				1,284,604.	
е	Total exempt purpose expenditures (a	dd lines 1c and 1	d)		1,291,062.	
f	Lobbying nontaxable amount. Ente	r the amount fr	om the following	table in both		
	columns.				204,106.	
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter	25% of line 1f)			51,027.	
h	Subtract line 1g from line 1a. If zero or	less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero or	less, enter -0-			0.	
j	If there is an amount other than zer	o on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	ır?				Yes No
	(Some organizations that made a s See th	ection 501(h) ele ne separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbyii	ng Expenditures	During 4-Year Av	eraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	, 0	232,786.	243,233.	191,900.	204,106.	872,025.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,308,038.
С	Total lobbying expenditures	0.	0.	8,333.	6,458.	14,791.
d	Grassroots nontaxable amount	58,197.	60,808.	47,975.	51,027.	218,007.
е	Grassroots ceiling amount (150% of line 2d, column (e))					327,011.

0.

0. Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	Page
		(a	a)		(b)
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e	Mailings to members, legislators, or the public?				
f g	Grants to other organizations for lobbying purposes?				
h i j	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or sec	tion	
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes No
9 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes.")(5), c	or sec		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
a	Current year		2a		
b	Carryover from last year	•	2b 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the ying			
5	and political expenditure next year?		4		
Par		•	5		
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Part	: II-A, lir	nes 1 and

cneaule C (Foi	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	the organization		Employer identification number
Veri	ont Public Interest Research & Edu		51-0163801
Par			ds 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 year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		ld in denor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	?
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	4	Held at the End of the Tax Year
а			. 2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
u	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extiliguished, or terri	illiated by the organization during the
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy reg		ection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	>	,	,
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the vear
	▶ \$.,,	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		arolar statements that assembles the
Part			Other Similar Assets
	Complete if the organization answered '		
ıa	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
	•		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these iter	d for public exhibition, education, or resms:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain, provide the
_	following amounts required to be reported under Fa	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X		• \$

Par	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that make	significant	use of its
а	☐ Public exhibition		d	Loan	or exchang	e progi	ram		
b	Scholarly research		е		_				
С	Preservation for future generations								
4	Provide a description of the organizat	ion's collections	and expla	ain how t	hey further	the org	ganization's exe	mpt purpo	se in Par
_	XIII.				la tanàna at ao ao ao			1	
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							s 🗌 No
Par	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, line	∋ 9, or	reported an a	mount on	Form
1a	included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing to	able:			Amount	
•	Beginning balance					10		Amount	
c d	Additions during the year					10			
u e	Distributions during the year					16			
f	Ending balance					11	_		
2a	Did the organization include an amour							v2 V a	s No
Za b	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.	art Am. Oneok ner	e ii tile e.	хріапапо	ii iias beeii	provid	ed offi art Affi .	<u> </u>	
ı aı	Complete if the organization	answered "Yes	" on For	m 990 F	Part IV line	<u>-</u> 10			
	Complete ii the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	(a) carrotte jour	(=)	o. you.	(0))		(4)	(0) : 0 a.	, , , , , , , , , , , , , , , , , , , ,
b	Contributions								
c	Net investment earnings, gains, and								
الم									
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1g	ı, column (a)) held	as:		
а	Board designated or quasi-endowmer		_%						
b	Permanent endowment ▶	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.						
3a	Are there endowment funds not in the organization by:	e possession of th	ne organi	zation tha	at are held	and ad	ministered for t		Yes No
	(i) Unrelated organizations							3a(i)	
	(m) = 1 · · · ·							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	l as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses	•	•						
Par	Land, Buildings, and Equip								
	Complete if the organization		" on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part X, I	ine 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis	(c)	Accumulated epreciation	(d) Bool	
	Land		•		,				
b	Buildings								
c	Leasehold improvements								
d	Equipment								
e	Other								
	Add lines 1a through 1e. (Column (d) m		90, Part 2	X, column	(B), line 10	Oc.) .	▶		

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities.	rm 000 Part IV lin	o 11h Soo Form	000 Part V line 12
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 11a Soo Earm	000 Part V line 12
	(a) Description of investment	(b) Book value	, ,	od of valuation: of-year market value
(4)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1) Benef	icial Interest in Assets Held by Others			55,731.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	55,731.
Part X	Other Liabilities.	000 David IV II	- 44 445 0	F 000 D+ V
	Complete if the organization answered "Yes" on For	m 990, Part IV, IIn	e Tie or Tif. See	Form 990, Part X,
1.	line 25.			(I) D. I. I.
	(a) Description of liability			(b) Book value
(1) Federal in				0 057 000
	o Affiliate (VPIRG)			2,257,808.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		•	2,257,808.
	runcertain tax positions. In Part XIII, provide the text of the footn		n's financial stateme	
	s liability for uncertain tax positions under FASB ASC 740. Check			

Scriedu	ile D (1 0111 330) 2013		rage -
Part	Reconciliation of Revenue per Audited Financial State	_	•
	Complete if the organization answered "Yes" on Form 99		
1	Total revenue, gains, and other support per audited financial statemer	nts	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a . 4b	
b	Other (Describe in Part XIII.)		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, I</i>		
_	XII Reconciliation of Expenses per Audited Financial State		n.
rare	Complete if the organization answered "Yes" on Form 99		••
1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities	. 2a	
b	Prior year adjustments		
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	l, line 18.) 5	
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p		
د, ۱ aı	t XI, lines 2d and 4b, and 1 art XII, lines 2d and 4b. Also complete this p	bart to provide any additional information	·

Schedule D (For	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization		Employer identification number						
Vermont Public Interest		51-0163801						
Part I General Information	on Grants and	l Assistance						
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants	or assistance?				•	_	□No
Part II Grants and Other As Part IV, line 21, for an								Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	',' '	0
(1) Vermont Natural Resources Council 9 Bailey Avenue Montpelier VT 05602	03-0223731	501(c)(3)	6,000.				Energy Edu	ucation
(2) Vermont Natural Resources Council 9 Bailey Avenue Montpelier VT 05602 (3)	03-0223731	501(c)(3)	37,500.				Environment	al Health
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section							•	2
3 Enter total number of other or	organizations liste	a in the line 1 table	9				•	0

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
I Line 2: The Organization re					
I Line 2: The Organization re					
I Line 2: The Organization re					
I Line 2: The Organization re					
I Line 2: The Organization re					
I Line 2: The Organization re					
I Line 2: The Organization reports.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** 51-0163801 Vermont Public Interest Research & Education Fund, Inc. Other: After operating as an unincorporated association for many years, VPIREF incorporated in Vermont in November 2019. Pursuant to Rev. Proc. 2018-15, this "corporate restructuring" does not require the Organization to reapply for tax exempt status with the Internal Revenue Service. Pt VI, Line 4: See discussion above. Pt VI, Line 2: Bob Barton and Marianne Barton are married. Other: Part V / Line 2a: Though the Organization reports salaries expense in Part IX, it does not file Form W-2. All salaries are reported by the Organization's affiliate, the Vermont Public Interest Research Group (who files Forms W-2), with salaries allocated to the Organization based on contemporaneous timesheets. Pt XI: Line 9 / Other Changes in Net Assets: Change in Beneficial Interest in Assets Held by Others. Pt VI, Line 11b: A draft of Form 990 is reviewed by management with a copy, in PDF format, made available to the Board prior to filing. Pt VI, Line 12c: Board members are required to disclose any potential conflicts of interest annually with compliance monitored by management. Pt VI, Line 15a: The Executive Committee of the governing Board reviews comparability information as part of its annual salary review of all top officials. Pt VI, Line 15b: See description for Part VI, Line 15a above. Pt VI, Line 19: The Organization does not release its financial statements or other governance documents. General financial information (including consolidated information including the Organization) is provided annually to the members of the Vermont Public Interest Research Group. Other: Part III / Line 4d - Other program services:

Other: Elections & Government Reform - VPIREF actively supports efforts to make

Name of the organization	Employer identification number
Vermont Public Interest Research & Education Fund, Inc.	51-0163801
our democracy more open and transparent. We also seek to ensure that	t elections
are fair and balanced by reducing the undue influence of money in o	ur political
process. We continue to draw attention to the consequences of the S	upreme Court's
flawed verdict in Citizens United and watchdog the role of money in	Vermont politics.
Other: Consumer Protection - VPIREF serves as a watchdog, protecting	g the public
interest when corporations attempt to put profits over people, and	ensuring that
the policies and laws aimed at protecting the public interest are,	in fact, enforced.
Other: Health Care Reform - VPIREF pursues research, education and	outreach
aimed at reforming our health care system so that it provides all V	ermonters
access to quality, affordable health care when they need it. We wo	rk at both
the state and federal level to watchdog reform efforts, make the pro-	ocess more
understandable and accessible for Vermonters, and ensure that the p	ublic is actively
engaged in the process.	
Pt III, Line 4d:	
Expenses: \$181,649 including grants of: \$0 Revenue: \$0	
Description: Other Programs include work in the areas of	
Elections and Government Reform, Consumer Protection and Health Care Reform.	See Schedule O (above)
for a complete description of these programs.	

SCHEDULE R (Form 990)

PUBLIC INSPECTION CORRelated Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

(f)

Direct controlling

entity

Vermont Public Interest Research & Education Fund, Inc.

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number

51-0163801

(e)

End-of-year assets

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organizations due one or more related tax-exempt organizations due	ntions. Complete in the tax year.	f the organization ar	nswered "Yes" or	n Form 990, Part	IV, line 34, becar	use it h	ad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section 5	g) 512(b)(13) rolled
		, ,		(11 36011011 301(0)(3))	entity		
				(ii section so i(c)(o))	entity		No
(1) Vermont Public Interest Research Group, Inc. 03-0228267				(ii section 50 (C)(G))	entity	ent	No
141 Main Street #6 Montpelier VT 05602	Advocacy	VT	501(c)(4)	(ii section so r(c)(d))	entity N/A	ent	tity?
	Advocacy	VT	501(c)(4)	(ii section so r(c)(d))	,	ent	No
141 Main Street #6 Montpelier VT 05602	Advocacy	VT	501(c)(4)	(ii section so r(c)(d))	,	ent	No
141 Main Street #6 Montpelier VT 05602 (2)	Advocacy	VT	501(c)(4)	(ii section so r(c)(d))	,	ent	No
141 Main Street #6 Montpelier VT 05602 (2) (3)	Advocacy	VT	501(c)(4)	(ii section so r(c)(d))	,	ent	No

because it had or	<u>ne or more relate</u>	d organizatior	ns treat	ted as a pa	artnersl	hip during	the t	ax year.								_	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domici (state of foreign country	e or n	(d) ect controlling entity	incon un exclu ta:	(e) dominant ne (related, related, uded from x under ns 512—514)		(f) re of total ncome	(g) Share of er year ass		(h Dispropo alloca	rtionate	(i) Code V—UE amount in box of Schedule k (Form 1065	20 ma	(j) neral o anaging artner?	Perc	(k) centage nership
											Yes	No		Ye	s No	,	
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
Part IV Identification of line 34, because i	Related Organiz t had one or mor	zations Taxal e related orga	ole as a	a Corpora	ition o	r Trust. C	ompl n or t	ete if the	e organiz	atior ax ye	ans ar.	were	d "Yes" on	Form 9	990, F	Part I\	/ ,
(a) Name, address, and EIN of relate		(b) Primary act		(c) Legal dor (state or foreig	micile	(d) Direct contr entity	olling	Type o	e) of entity corp, or trust)	Share	(f) of tota come		(g) Share of -of-year assets	(h) Percent owners		(i) ection 51 contro entit	
						•									,	Yes	No
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

BAA REV 10/27/20 PRO Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

PUBLIC INSPECTION COPY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b	Gift, grant, or capital contribution to related organization(s)				1b	×
С	Gift, grant, or capital contribution from related organization(s)				1c	×
d	Loans or loan guarantees to or for related organization(s)				1d	×
е	Loans or loan guarantees by related organization(s)				1e ×	
f	Dividends from related organization(s)				1f	×
g	Sale of assets to related organization(s)			-	1g	×
h	Purchase of assets from related organization(s)			+	1h	×
i	Exchange of assets with related organization(s)			<u> </u>	1i	×
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	×
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	×
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . $$.				1n ×	
0	Sharing of paid employees with related organization(s)				10 ×	
р	Reimbursement paid to related organization(s) for expenses			+	1p	×
q	Reimbursement paid by related organization(s) for expenses				1q	×
r	Other transfer of cash or property to related organization(s)			<u> </u>	1r	×
S	Other transfer of cash or property from related organization(s)				1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, inclu	iding covered relations	ships and transactio	n thresho	olds.
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	amount inv	alvad
	Name of related organization	type (a-s)	Amount involved	wethod of determining	amountinv	oiveu
/41 77	numerat Dublic Interest Descript Group Inc		2 257 000	0 b		
(1) ∨	ermont Public Interest Research Group, Inc.	е	2,257,808.	Cost		
(2) 77	ermont Public Interest Research Group, Inc.	n	57,710.	Cost		
(<u></u> 2) v	ermone Public interest Research Group, inc.	11	37,710.	COSC		
(3) 77	ermont Public Interest Research Group, Inc.	0	947,008.	Cost		
(O) v	ermone rabite interest Research Group, inc.	0	217,000.	COBC		
(4)						
.,						
(5)						
(5)						
(5) (6)						

Yes No

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	organiz	cartners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	n) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	ĺ
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)	•												
5)													
5)													
6)													

Schedule R (Form 990) 2019

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

•	ions required to file an income tax return othe orm 7004 to request an extension of time to fi		, -	0-C filers), partners	ships,	REMICS	, and trusts
Type or	Name of exempt organization or other filer, see in			Taxpayer identifica	tion n	umber (TIN	1)
print	Vermont Public Interest Research		ion Fund, Inc.	51-0163801		,	,
File by the	Number street and room or suite no. If a P.O. box, see instructions						
due date for	141 Main Street, #6						
filing your return. See	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instructions.				
nstructions.	Montpelier VT 05602	· ·	,				
Enter the Re	eturn Code for the return that this application	is for (file a	separate application fo	r each return) .			0 1
Application	n	Return	Application				Return
Is For						Code	
	or Form 990-EZ	01	Form 990-T (corporati	on)			07
Form 990-l		02	Form 1041-A				08
	(individual)	03	Form 4720 (other than	individual)			09
Form 990-F		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
If the orgaIf this is fo for the whole	e No. ► (802)223-5221 nization does not have an office or place of bor a Group Return, enter the organization's four a group, check this box ► □ . If the names and TINs of all members the extension	usiness in t ur digit Grou it is for par	up Exemption Number	k this box (GEN)		If this	s is
the o ► ☒ ► ☐	uest an automatic 6-month extension of time organization named above. The extension is for calendar year 20 19 or tax year beginning	or the orgar	nization's return for:, and ending				
	s application is for Forms 990-BL, 990-PF, 900-PF, 900	990-T, 472	0, or 6069, enter the to	entative tax, less	3a	\$	0.
	s application is for Forms 990-PF, 990-T, nated tax payments made. Include any prior y				3b		0.
c Bala	nce due. Subtract line 3b from line 3a. Inc g EFTPS (Electronic Federal Tax Payment Sys	lude your	payment with this form		3c		
นธเกิด	g Er i i o (Electronic Federal Tax Fayment Sys	sterry. See 1	เาอแนบแบบอ.		30	Ψ	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

The Office of Secretary of State hereby grants a

Certificate of Incorporation

to

VERMONT PUBLIC INTEREST RESEARCH AND EDUCATION FUND, INC.

A Vermont Domestic Non-profit Corporation, effective November 13, 2019



November 14, 2019

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

James C. Condes

James C. Condos Secretary of State

Business ID: 0364896 Filing Number: 0002587959



VERMONT SECRETARY OF STATE

Corporations Division

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 WEBSITE: www.scc.state.vt.us PHONE: 802-828-2386

ARTICLES OF INCORPORATION

ELECTRONICALLY FILED

FILING NUMBER: 0002587959 FILING DATE: 11/13/2019 EFFECTIVE DATE: 11/13/2019

BUSINESS INFORMATION	
BUSINESS ID	0364896
BUSINESS NAME	VERMONT PUBLIC INTEREST RESEARCH AND EDUCATION FUND, INC.
BUSINESS TYPE	Domestic Non-profit Corporation
BUSINESS DESCRIPTION	This a Charitable Organization, Church or Religious Organization, or Private Foundation (as defined by IRS Code 501(c)(3) for federal tax exemption) formed for the purpose of charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, or preventing cruelty to children or animals and will not be participating in political activity as defined in sections 501(c)(4) (for Action Organizations) or 527 (for Political Organizations) of the IRS Code.
BUSINESS EMAIL	info@vpiref.org

STATUS AS A MEMBER ORGANIZATION

This corporation is a member organization

BENEFIT TYPE

This is a public benefit non-profit corporation

PRINCIPAL OFFICE PHYSIC	AL ADDRESS		
STREET ADDRESS	141 Main Street , Suite 6	CITY	Montpelier
STATE	Vermont	ZIP CODE	05602
COUNTRY	United States		

PRINCIPAL OFFICE MAILING ADDRESS							
ADDRESS	141 Main Street , Suite 6	CITY	Montpelier				
STATE	Vermont	ZIP CODE	05602				
COUNTRY	United States						

Incorporator Information							
NAME	PHYSICAL ADDRESS	MAILING ADDRESS					
Karen Tyler	91 College Street, Burlington, VT, 05401, USA	91 College Street, Burlington, VT, 05401, USA					

AGENT INFORMATION				
NAME	PHYSICAL ADDRESS	MAILING ADDRESS		
Dunkiel Saunders Elliot Raubvogel & Hand, PLLC	91 College Street, Burlington, VT, 05402, USA	91 College Street, Burlington, VT, 05402, USA		

OFFICER/DIRECTOR INFORMATION			
NAME	TITLE	PHYSICAL ADDRESS	MAILING ADDRESS
Marianaa Dartan	Discotor	1929 C Lill Dd. Moretown VT 05660 LISA	1838 S. Hill Rd., Moretown, VT, 05660,
Marianne Barton	Director	1838 S. Hill Rd., Moretown, VT, 05660, USA	USA
Bob Barton Dire	Di	4000 C LEVEN No VT 05000 LICA	1838 S. Hill Rd., Moretown, VT, 05660,
	Director	1838 S. Hill Rd., Moretown, VT, 05660, USA	USA
Jon Erickson	Director	38 Dean Road, Vergennes, VT, 05491,	38 Dean Road, Vergennes, VT, 05491,
		USA	USA
Kati Oallaalaa	Discordance	20B Conger Ave., Burlington, VT, 05401,	20B Conger Ave., Burlington, VT, 05401,
Kati Gallagher	Director	USA	USA Page 2 of 3

Filed with the Vermont Secretary of State, Division of Corporations

Page 2 of 3

Falko Schilling	Director	144B Main St. #2, Montpelier, VT, 05602, USA	144B Main St. #2, Montpelier, VT, 05602, USA
Lily Seward	Director	49 George St., Burlington, VT, 05401, USA	49 George St., Burlington, VT, 05401, USA

OTHER PROVISIONS	
FILE NAME	DESCRIPTION
Articles - add'l provisions.pdf	

AUTHORIZER INFORMATION		
AUTHORIZER SIGNATURE	Karen Tyler	
AUTHORIZER TITLE	Attorney	

Vermont Public Interest Research and Education Fund, Inc. Articles of Incorporation: Additional Provisions

- 1. The Vermont Public Interest Research and Education Fund, Inc. is established as a Charitable Organization (as defined by Internal Revenue Code section 501(c)(3) for federal tax exemption) to conduct independent research, craft commonsense solutions, and mobilize the public through innovative educational outreach campaigns that amplify the voice of working Vermonters in public policy debates. VPIREF's mission is to protect and promote the health of Vermont's people, environment and locally-based economy by informing and mobilizing citizens statewide.
- 2. The corporation is organized exclusively for charitable, educational and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future tax code.
- 3. Upon dissolution of the corporation, its assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future tax code, or shall be distributed to the federal, state or local government for a public purpose.